The Role of the School Nurse in Addressing the Perceived Health Needs of Students: An Investigation Through Focus Groups and Questionnaires

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Abstract

This study used focus groups and a questionnaire to determine the perceived health needs of a population of secondary school pupils and therefore provide a focus for the role of the school nurse. The participants for two focus groups were drawn from separate school years and the data used to inform the design of, and results from, a questionnaire. The questionnaire was self-completed by a cross sectional cluster sample of 247 students. Results from the questionnaire were analysed using the Statistical Package for the Social Sciences (SPSS). This study found that the main health concerns centred on mental health issues, risk taking behaviours, especially drunkenness, and support with medical conditions. Most students indicated a significant role for the school nurse in addressing their health needs and principally requested individual support closely followed by the provision of information within a class setting. Some gender differences were highlighted. The results provided a clear focus for a needs-led re-design of the provision of school nursing services to the students within the school and defined a distinct role for the school nurse.

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List of Abbreviations

BMA	British Medical Association
DfES	Department for Education and Skills
DOH	Department of Health
HBSC	Health Behaviour in School-aged Children
NSF for Young People	National Service Framework for Children, Young People and Maternity Services
PSHE	Personal, social and health education
RCPCH	Royal College of Paediatrics and Child Health
SPSS	Statistical Package for the Social Sciences
WHO	World Health Organisation

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CHAPTER 1

Introduction

Over the last few years there have been significant changes in health policy in England. In particular, there has been a shift away from the original paternalistic foundations on which the welfare state was built (Anderson & Gillam, 2001) towards providing care in response to the particular needs identified by the consumer. This vision was outlined in the *NHS Plan* (Department of Health [DoH], 2000) and subsequently re-enforced in policy documents such as *The NHS Improvement Plan* (DoH, 2004a) and *Our health, our care, our say: a new direction for community services* (DoH, 2006a). However, if the Government's vision is to become more than rhetoric and achieving targets does not supersede the voice of the client (Anderson & Gillam) it is crucial to conduct research into identifying these individual needs. This research responds to this requirement by aiming to identify the particular health needs of students' within a specific school community and the appropriate services to meet those needs.

This research will therefore be based on a technique called 'health needs assessment' which is defined as 'a systematic method of identifying unmet health and health care needs of a population, and making changes to meet these unmet health needs' (Wright, Williams, & Wilkinson, 1998, p.6).

One of the key health professionals tasked with working with school students is the school nurse. Indeed, the aim of the school health service has been stated as 'to improve the health of all school-age children and young people' (DeBell & Jackson,

2000, p.9). Incumbent on the success of this role is the need to determine the specific health needs of this particular population group. This is in full accord with the new public health role of the school nurse as identified in *Saving Lives: Our Healthier Nation* (DoH, 1999a) and *Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Healthcare* (DoH, 1999b), given that the starting point for this role is specified to be the identification of health needs (DoH, 2001). However, in line with Government policy, it is essential to avoid assumptions based on a purely normative perspective. Consequently, it is important that school nurses implement research strategies to determine the expressed needs of their young clients and ensure a holistic needs assessment.

Furthermore, responding to the expressed needs of young people is a central theme of the *National Service Framework for Children, Young People and Maternity Services* (NSF for Young People)(DoH, 2004b). This document finally enshrined within English policy, the principles proposed fifteen years earlier by the United Nations (UN) Convention on the rights of the child (UN, 1989). Children and young people now have the same rights as adults to have their views considered when services are planned.

Therefore, the first question posed by this research is what are the specific health needs of young people aged 11-16 in a representative secondary school? The second question is what services would these particular students like the school nurse to offer to meet their expressed health needs? This research used focus groups to increase understanding of the perceived health needs of these young people. This information was subsequently used to develop a questionnaire that was administered to a cross-sectional sample of students throughout the school. It was

predicted that framework analysis of the focus groups and analysis of the questionnaires with SPSS to give descriptive statistics, would provide answers to the research questions.

Finally, it was anticipated that the results would also contribute towards defining the role and practice of the school nurse within this particular secondary school. This is important for school nursing, since there is a dearth of quality research relating to its practice as a specific profession (Bradley, 1998; Broussard, 2004; Edwards, 2002; Wainwright, Thomas, & Jones, 2000; Whitehead, 2006) and there is, therefore, an urgent need to redress this and improve the evidence base for effective practice. Moreover, school nursing has recently experienced significant changes that have resulted in confusion about the role. Following a long history of responding to the health needs of individual children and young people since its inception around the start of the twentieth century (Kelsey, 2002), it has recently evolved into a model with a greater public health focus (DeBell & Jackson, 2000). Unfortunately, the development has not been ubiquitous (Kiddy & Thurtle, 2002) resulting in role ambiguity (Ball & Pike, 2005; DeBell & Everett, 1998; Madge & Franklin, 2003). Analysis of the data from the research should provide information that the school nurse can use to determine priorities for service provision within this secondary school and help provide a clearer focus for the role.

CHAPTER 2

Literature Review

This chapter reviews the literature relevant to the research questions. The first question is what are the perceived health needs of young people age 11-16 in a representative secondary school? It is therefore pertinent to consider the literature that has tried to describe the health needs of young people. This is fairly extensive and consequently has been subdivided to consider adolescent health generally, the professional perspective, justification for the inclusion of young people's opinions on their health and finally the views of young people on their health needs. The second question asks what services the particular young people in this study would like the school nurse to offer to meet their expressed needs? The literature reviewed therefore considers the role and function of the school nurse in meeting the health needs of young people and the range and efficacy of interventions that school nurses currently offer to students in secondary schools. It is anticipated that the answer to these questions may help to define the role of the school nurse within this secondary school.

Defining the Terms

A review of adolescent health needs requires some working definitions for the terms adolescent, health and health needs. The World Health Organisation (WHO) defines an adolescent as an individual between the ages of 10 and 19 (WHO, 2002). Some authors take a narrower view and use the word adolescence synonymously with the term teenager (Walker & Townsend, 1998). However, a recent multi-professional working party on adolescent health concluded that adolescence was a developmental stage and therefore stipulating an age range to cover only the

teenage years may be inaccurate for many individuals (Royal College of Paediatrics and Child Health [RCPCH], 2003). This study will therefore follow the WHO recommendations and regard all the clients in the study who are aged 11-16 as adolescent. Throughout this study the terms 'young people' and 'adolescents' are used interchangeably with no difference in meaning.

Health has been ascribed numerous definitions (Appleton & Cowley, 2000; Pearson, 2002; Seedhouse, 1986), to the extent that it has been termed a chimera (Raymond, 2001). Two of the more commonly used definitions include health as the absence of disease (Appleton & Cowley) and health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1946). The first is regarded as too narrow and the second as utopian (Pearson), but they serve to illustrate the vast spectrum along which the definition of health may lie. Furthermore, health is often regarded as a sociologically constructed concept based on an individual's perception of themselves in relation to other people (Pickin & St Leger, 1993). It may therefore vary according to age, culture and personal experience. Seedhouse proposed that "a person's optimum state of health is equivalent to the state of the set of conditions which fulfil or enable a person to work to fulfil his or her realistic chosen and biological potentials" (p. 61). Whilst the concept of 'potential' could be debated, this definition takes a broader perspective than confining health to the absence of disease but is more operational than the WHO definition. Furthermore, it seems particularly relevant for adolescents who have a low incidence of disease but traverse a stage of life in which behaviours are established that may significantly influence their potential health. This definition is therefore the one adopted by this study.

Needs have also been ascribed a number of definitions by individuals such as Bradshaw (1972) and Maslow (1968). This research focuses on the expressed health needs of young people and will therefore use Bradshaw's description of needs, comprising normative, expressed, felt and comparative needs. Health needs are defined by Wright et al., (1998) as "those needs which can benefit from health care or from wider social and environmental changes" (p.10). This is also a useful operational definition for this study which is considering the services that young people would like to be offered to meet their health needs.

Adolescent Health

The first question considered by this research concerns the identification of the health needs of young people. It is therefore important to justify why the health needs of young people, as a particular group, should be addressed.

The subject of adolescent health has gained increasing prominence over the last few years. The WHO have been at the forefront of this interest and have conducted research in collaboration with the Health Behaviour in School-aged Children (HBSC) Research Network for over twenty years (HBSC, 2002).

The British Government, whilst lagging behind the WHO, have also taken an increasing interest in adolescent health with initiatives such as *'Health of the Young Nation'* in the 1990's, publication of the *NSF for Young People* (DoH, 2004b), and release of the green paper *Youth Matters* (Department for Education and Skills [DfES], 2005). However, Viner & Barker (2005) argue that more comprehensive policies and funding are required to develop effective services to promote adolescent health.

Although adolescence has generally been regarded as a time of good health (Coleman, 2001; Viner & Barker, 2005) compared with other periods of life, this developing interest in adolescent health appears to have evolved for several reasons. Firstly, adolescents make up a significant proportion of both the British and World population (RCPCH, 2003; WHO, 2000) and therefore comprise a substantial client group in their own right. Second, there is evidence that health behaviours established during adolescence are often perpetuated into adulthood and have a significant influence on subsequent mortality and morbidity (Licence, 2004; RCPCH, 2003; Viner & Barker; Viner & Macfarlane, 2005; WHO, 1998). Third, at the onset of adolescence, health is usually the responsibility of the parent. However, throughout this developmental stage the young person takes increasing personal responsibility for health and in particular, access to health services (Christie & Viner, 2005). However, studies indicate that significant obstacles impede young people from accessing the health care that they need (Coleman; Gleeson, Robinson, & Neal, 2002; McPherson, 2005;) and may have significant implications for their long-term use of health care services (RCPCH, 2003).

Fourth, if good health is taken to have a wider definition embracing mental and social well-being and not merely the absence of disease as proposed by the WHO then the perception of adolescence as a time of good health is altered (Call et al., 2002). Finally, although the mortality rate has improved for all age groups over the last fifty years (WHO, 1998) the improvements in adolescent mortality have been less than in most other age groups (Viner & Booy, 2005). Indeed, adolescence has now been recognised as a developmental stage that has its own distinct and increasing health problems (Coleman, 2001; Viner & Booy), especially those associated with mental and sexual health and cardiovascular risk factors (Viner & Booy).

Therefore, addressing adolescent health and, most importantly, engaging young people to attend to their own health needs and access appropriate services is vital if the mortality and morbidity associated with adolescence is to be improved (British Medical Association [BMA], 2003). This is important for the nation as a whole and indeed the world, since adolescents represent the future and will significantly influence economic prosperity. According to the WHO investing in children's health is the 'best way of investing in the future' (WHO, 2005a, p.6) Furthermore, encouraging young people to improve their own health will contribute towards achieving the 'fully engaged' scenario as described by Wanless (2002) in which life expectancy is improved and morbidity decreased.

Professional normative view.

Having established the importance of addressing health needs in adolescence it is crucial to determine these needs specifically if the first research question is to be answered comprehensively. From the professional perspective, certain health issues are repeatedly highlighted as significant. A WHO fact sheet on the health of children and adolescents in Europe (WHO, 2005b) commented on the high incidence of depression and suicide amongst adolescents. Obesity was also mentioned as a significant problem. A report by the RCPCH also acknowledged mental health to be a significant problem amongst the adolescent population. Accidents and chronic illness were also named as important health issues (RCPCH, 2003). The *NSF for Young People* (DoH, 2004b) identified the main health concerns for young people as nutrition, sexual health, mental health, injury and substance misuse. Some of these areas were further highlighted in *Choosing Health: making healthy choices easier* (DoH, 2004c) particularly sexual health, alcohol use and smoking. This has been followed by a Youth Green Paper *Youth Matters* (DfES, 2005) which identified sexual

health, obesity, alcohol use, volatile substance misuse and mental health to be particular areas of young people's health that had either not improved or had actually declined compared with previously and were consequently of particular concern.

Therefore, there does appear to be some consensus amongst professional bodies and institutions about the main health issues affecting young people that should be addressed. However, over emphasis on the professional perspective may lead to significant problems. For example, the opinion of professionals may account for the normative and comparative aspects of need but may fail to address the felt and expressed needs of the client group, which Bradshaw (1972) describes as important for holistic needs assessment. Alternatively, research into adolescent health needs may reflect the bias or approach of the researcher or professional involved (Stewart-Brown, 2005). For example, a focus on mortality statistics may indicate accident prevention to be a pressing need, however a greater emphasis on the quality of life impact of disease or illness, may suggest that emotional and behavioural problems should be addressed. Moreover, governments may prefer to highlight areas that contribute towards achieving other non-health related targets, such as health issues that are associated with higher crime levels.

Furthermore, there has been a tendency within these general reports to view adolescents as a homogenous group with broadly similar needs with insufficient attention paid to gender differences or environmental, socio-economic or cultural influences. There is evidence of some change, for example a study in the United States of America (USA) by Slater, Guthrie, and Boyd (2001) applied a feminist approach to understanding female health. The *NSF for Young People* (DoH, 2004b) specifically considered the health needs of those in special circumstances such as

looked after children and the most recent HBSC study (Currie et al., 2004) focused on gender differences and the impact of socio-economic factors. However, it is imperative that the needs of different groups are more widely recognised and addressed.

Justification for the inclusion of young people's views.

The professional normative view of the health needs of young people has been shown to fall short of a holistic approach, therefore the views of young people should be considered if thorough assessment of health needs is to be made and felt and expressed needs also included. Moreover, the rights of children to have a voice in determining the services they receive, has been increasingly recognised. It was initially promoted on an international level by the UN Convention on the rights of the child (UN, 1989), particularly in Articles 12 and 13. It has subsequently been referred to in United Kingdom (UK) policies with increasing emphasis, culminating in the recent publication of *NSF for Young People* (DoH, 2004b). During the compilation of this framework, there was a particular effort to consult with children and young people. Moreover, the finished document places considerable emphasis on the importance of seeking the views of children and young people in the planning, delivery and evaluation of services. It is therefore essential that young people are now actively involved in planning a needs-led service.

Professional bodies have also acknowledged the importance of determining the views of young people concerning their health needs and how they can best be met, to inform appropriate practice (RCPCH, 2003) and, because young people may lack the confidence or clout to influence the health care system, to provide the services necessary to meet their needs (BMA, 2003). Furthermore, one of the elements of

good practice in community health initiatives has been identified as the need for a genuine consultation process with the young people involved (Coleman, 2001). This helps identify the services that are needed and crucially fosters a sense of ownership.

It is only within recent years that there have been significant moves to involve young people and children as active participants in research (McNeish, 1999). However, Cavet and Sloper (2004) suggest that whilst it is now widely accepted that young people have a valuable contribution to make to service development and there is some evidence of innovative approaches to facilitate this, significant barriers still exist which limit the extent of involvement of young people. In particular, there is little point in obtaining the views of young people if, as Curtis, Liabo, Roberts, and Barker (2004) found, this is not translated into action. In addition, it is essential that the methods employed to involve young people are appropriate for their age and development. Guidelines have been published to facilitate this (Children and Young People's Unit, 2001; Lightfoot & Sloper, 2002).

Evidence to support the inclusion of young people in research was presented in a study by Smith, Monaghan, and Broad (2002) who involved young people as co-researchers. Smith et al. concluded that this involvement had benefited the young people by empowering them and had also positively influenced the quality of the research findings by providing greater insight into the perspective and perceptions of young people. Involving young people in research in which they are the subjects may therefore improve the quality and validity of research.

Finally, some may argue that the opinions of parents should be sought when determining adolescent health. However, a large Australian study indicated that there were significant differences between adolescent and parent reports of health and well being (Waters, Stewart-Brown, & Fitzpatrick, 2003) and therefore parental questionnaires may fail to give an accurate picture.

Adolescent health from the perspective of young people.

Adolescents generally regard themselves as healthy, indeed results from the HBSC survey in 2001/2002 indicated that 82% of young people considered themselves healthy (Torscheim, Välimaa, & Danielson, 2004). However, health concerns clearly exist and recently there has been increasing research to elicit the views of young people regarding their specific health needs. This research has indicated some common health concerns of young people. A study by Kari, Donovan, Li, and Taylor (1998) on young people in North London found their three main health concerns were acne/skin problems, weight and anxiety/nerves. This was supported in an another study reported by Finlay (1998) in which weight, acne and stress were common health concerns. These studies both corroborated earlier findings by researchers in Sweden who found within a very large sample of young people that acne was one of the main health concerns (Berg-Kelly et al., 1991).

There are potential methodological problems with all three studies. The London survey was based on an urban population, limiting generalisation to more rural areas. 83% of the sample reported on by Finlay (1998) was female and the students in the Swedish study apparently had middle class backgrounds. However, they suggest that the major health concerns of young people may differ from those identified by professionals. In contrast, a large Australian study (Waters, Wake, Toumbourou,

Wright, & Salmon, 1999) found that depression was the most frequently cited health concern amongst young people although concerns about weight and therefore body image also had a high prevalence. This is more in line with the professional perception that mental health problems are of significance in young people. However, some caution should be taken with translating the results of this Australian study to the UK because of possible cultural differences.

There have been several important longitudinal studies that have researched the health behaviour of young people. These include the global *HBSC Study* (HBSC, 2002), The *Youth Risk Behaviour Study* in the USA (Grunbaum et al., 2004) and the *Health Related Behaviour Questionnaire* in the UK (Balding, 2002). These studies have provided important data on the normative health behaviour of young people and therefore have been useful in describing trends. However, they are often unable to 'elicit the meanings, perspectives and social contexts of these behaviours' (Morrow, 2001, p.256). Therefore, although these studies may provide useful information for determining the focus for health promotion initiatives (Green, 2002) they may lack the qualitative information that provides the insight into motivation. This knowledge is important for successful implementation of many health promotion models. For example, the cyclical 'Stages of Change Model' Prochaska and DiClemente (1983) and 'The Health Belief Model' Becker (1974) both involve understanding individual perceptions about health and motivation to improve it.

Another difficulty associated with quantitative survey research, is that questionnaires designed by professionals may be dominated by professional perceptions of adolescent health needs and the issues most pertinent to young people may not be addressed. Furthermore, the terminology used may not correspond to the vernacular

of young people and may present comprehension difficulties. Pilot studies may address some of these issues but arguably involving young people in the design of the questionnaire at the outset will have most effect.

This was the approach taken by the King's Fund who asked young people to design their own survey to establish priorities for creating healthier schools (Healey, 2002). The results indicated that the most important issues were the price, quality and appropriateness of school food, bullying, which over 60% of students had experienced, and the lack of provision for regular exercise.

The study also highlighted that smoking and drug use were common. Moreover, the young people wanted more appropriate information to help them make informed decisions about the use of these substances. This finding is significant in that the young people did not necessarily want information on simply avoiding these potential health problems. Unfortunately, adolescents frequently regard themselves as impervious to disease (Clements, Chandra-Mouli, Byass, & Ferguson, 1999). Indeed, risk taking in adolescence may be used to help establish autonomy and therefore identity (Shucksmith, 2004). The perspective of the young person may therefore differ markedly from that of the professional and further highlights the advantage of including qualitative research methods to understand the perspective of the young people.

One advantage of surveys is that gender and age differences can be highlighted as in the recent HBSC study (Currie et al., 2004). Girls were more likely to regard themselves as overweight and more likely to be dieting than boys and this difference increased with age (Mulvihill, Németh, & Vereecken, 2004). The researchers

considered this to be in response to cultural preoccupation with slimness. With increasing age girls also reported a generally poorer subjective health status than boys, as measured by self-rated health, life satisfaction and subjective health complaints (Torscheim et al., 2004). Boys were more likely to drink alcohol regularly and get drunk than girls, although by age 15 over 50% of both sexes admitted to being drunk more than twice. This is significant because of its' association with negative outcomes (Schmid & Gabhainn, 2004) in particular crime and other risk taking behaviours (Matthews, Brasnett, & Smith, 2006). However, smoking was more common amongst girls and this difference increased with age (Godeau, Rahav, & Hublet, 2004). Conversely, bullying showed less gender difference, experienced by slightly more males. The general incidence was however quite high, at 36% in England, although this generally declined with age (Craig & Harel, 2004).

Several of these findings are supported in other studies. Dowdell and Santucci (2004) reported that girls were more concerned about their weight in a small scale American study. Balding (2002) found that females reported more concerns than males about all health topics and were particularly concerned about appearance and body size. Girls were also more likely to try to eat healthily and more than a third of year 6 and 8 females were concerned about being bullied. Walker et al. (2002) found that girls reported more health problems than boys and the most commonly reported concern of girls was body size and shape. Acne featured strongly as a health concern as well as stress, although acne was more of an issue amongst boys and stress was mentioned more often amongst girls.

One of the particular advantages of the study by Walker et al. (2002) was that whilst the health information was initially recorded on a questionnaire, in many cases it was

subsequently corroborated at a follow-up consultation with a practice nurse. This minimised one of the main problems of self-report surveys, namely the reliability of the answers (Sieving et al., 2001). Significantly, only 122 boys attended a consultation with a health professional compared with 168 girls. This is consistent with findings by Davies et al. (2000) who found that the young males they researched were often reluctant to address their health needs. Davies et al. suggested that this was due to their socialisation to conceal vulnerability and appear independent.

Quantitative survey research therefore provides useful data on general trends and needs but may not reflect the viewpoint of young people (Rugkasa, et al., 2001). Inclusion of qualitative methodology may increase the understanding of the perspective of young people and this research technique is increasingly used. Peckham and Carlson (2003) used participatory groups to facilitate discussion of adolescent health problems as part of an evaluation of a school based clinic. Drugs featured strongly as a health discussion topic in all four groups and relationship problems of some description, which included family problems and bullying, were also highlighted as a problem in all four groups. Alcohol and sex featured as concerns in three out of the four groups. These results differ somewhat from the self-report surveys in the areas that were of most concern. This may reflect problems with the quantitative survey techniques or it may indicate the influence of society on what these young people perceived to be the general problems amongst adolescents rather than the reality. Alternatively, it may have been a reflection of what these individuals felt most comfortable talking about in a group situation (Davies et al., 2000). Qualitative research techniques may therefore create their own problems.

Smith, Gaffney, and Nairn (2004) used both quantitative and qualitative techniques in a large study in New Zealand to examine the extent to which young people felt their health rights were addressed. This involved a postal survey but combined closed ended items, Likert rating scales and open-ended questions. The use of the latter improved the understanding of the other survey answers.

Role of the School Nurse in Meeting the Health Needs of Young People

The second question posed by this research concerns the services that young people would like school nurses to provide to meet their health needs. Therefore the literature concerning the role of the school nurse will be considered followed by a review of interventions by school nurses to meet health needs

Role of the school nurse.

The school health service has progressed through difficult times over the last twenty years, suffering significant disinvestment between 1988 and 1996 (DeBell & Jackson, 2000). Subsequently, it experienced a period of rapid change and uncertainty (Madge & Franklin, 2003). This has arisen following a move from a clearly defined, individualised, task orientated service (Croghan, Johnson, & Aveyard, 2004) towards a model that places an increasing emphasis on public health, focusing on the community of school aged children (DeBell & Jackson). This change has occurred for 3 main reasons. Firstly, the changing health needs of school aged children (Kurtz & Thornes, 2000), second, the lack of evidence to support the continuation of previous routine surveillance (Cotton et al., 2000) and third the current drive towards school nurses assuming a greater public health role as advocated in several recent government documents (DoH, 1999a; DoH, 1999b; DoH, 2001; DoH, 2002; DoH, 2006b). Although there is some evidence of alterations in practice to address these

changes (Jinks, Smith, & Ashdown-Lambert, 2003; Sutton, Gill, & Millard, 2004), it has not occurred universally (Kiddy & Thurtle, 2002; Madge & Franklin) and has led to role ambiguity (Ball & Pike, 2005; DeBell & Everett, 1998; Madge & Franklin).

Over the last decade five key reports have explored the role of the school nurse. Lightfoot and Bines (2000) outlined four distinctive aspects of the role that were considered to be particularly important: safeguarding the health and welfare of children, family support, acting as a confidante, and health promotion. A strategy for school nursing (DeBell & Jackson, 2000) identified four areas that school nurses had special responsibility for: promoting healthy lifestyles and healthy schools, child and adolescent mental health, vulnerable children and young people and chronic and complex health needs in children and young people. Madge and Franklin (2003) explored whether school nurses were generally meeting the health needs of young people in three different areas of the country. The study suggested that most of the pupils surveyed did not know their school nurse or what her role entailed and therefore were unlikely to contact her for their health needs. However, it was felt that increasing the profile of the school nurse would significantly increase the use of the service, which was valued by current users. Madge and Franklin also considered the activities of school nurses and found that immunisation and child protection work consumed much of their time.

Croghan, et al. (2004) reviewed the work undertaken by school nurses in the West Midlands and found that they engaged in a wide range of activities, many of which extended beyond those specified in the job description and involved health promotion and pupil support activities. However, the main focus was on the traditional tasks of immunisation, child protection and health screening. Finally, Ball and Pike (2005)

surveyed the current school nursing workforce and found that on average a school nurse undertakes 19 different activities covering a very wide spectrum from immunisation to support with mental health problems. Involvement in such a broad range of activities was not considered to be ideal for providing an optimum service and compounded ambiguity associated with the role.

The reports described suggested that a principle focus for school nursing should be in the area of health promotion. However, school nursing has been criticised for its' failure to develop in this field more fully (Whitehead, 2006). Incumbent on delivering this public health role are the requirements to identify health needs and subsequently deliver practice that is needs led (DoH, 2001; Madge & Franklin, 2003).

Unfortunately, needs assessment has been identified as a specific area of weakness amongst school nurses (Croghan et al., 2004) and there is little evidence to suggest it is widely undertaken (Lightfoot & Bines, 2000; Madge & Franklin). This research aims to identify the health needs of young people within a secondary school and highlight some ways in which the school nurse may be able to address these needs. This should help to provide a clearer definition for the role of the school nurse within this secondary school and dispel some of the role ambiguity. The research tools could also provide a blueprint for other school nurses to adapt in their work with adolescents, promoting needs assessment more widely and hence enhancing the public health role. It will also help promote a move away from the unproductive debate about the functions of a school nurse towards the provision of a service that considers young people's needs and how they can best be provided (Hall & Elliman, 2003).

Interventions by school nurses to meet health needs.

The issues of resources and interventions are important to link with any determination of need if only for ethical reasons (Billings, 2002). Furthermore, needs assessment is regarded as only the start of a process that should include planning, implementation and finally evaluation (DoH, 2001). Moreover, there is little point in using professional resources to identify needs if no commitment is made to try to address these needs.

Unfortunately, there is a dearth of research into interventions by school nurses aimed at meeting the health needs of young people. Bradley (1998) commented on the paucity of research-based information on school nursing services. Lightfoot and Bines (2000) also noted that there was little research into the effectiveness of school nursing work and this was further supported in a systematic review by Wainwright et al., (2000) who found little robust evidence for the effectiveness of school nurses as health promoters. DeBell and Jackson (2000) identified support for students with medical needs as a specific responsibility of school nurses but Lightfoot, Wright and Sloper (1999) found little evidence to suggest that the school nurse was regarded as a source of support.

This is compounded by general problems associated with research into health promotion interventions. Licence (2004) reviewed the effectiveness of health promotion interventions aimed at children and young people to support the development of the *NSF for Young People* (DoH, 2004b) but found little evidence of quality research. The BMA also reported on the equivocal nature of much of the evidence regarding interventions in adolescent health in particular (BMA, 2003). Furthermore, it is acknowledged that evaluation of health promotion strategies using

traditional research methodology is difficult (Nutbeam, 1998), particularly when the WHO definition of health promotion as a process rather than a specific outcome is considered (WHO, 1986). This is also recognised by Wainwright et al. (2000) who suggest that health promotion strategies may have intrinsic value but few measurable outcomes. Consequently, it is not surprising that there is little quality evidence for the effectiveness of school nursing interventions to promote the health of young people.

One hopeful development is the recognition of the school environment as a key arena for health promotion (Downie, Tannahill, & Tannahill, 1996). This has long been recognised by the WHO, which highlighted the potential within schools in the Alma-ata document (WHO, 1978) and have continued to promote the importance of schools as a setting for health promotion (WHO, 1997). This has also been more recently recognised by the British Government through promotion of the healthy schools agenda (DfES, 1999; DfES & DoH, 2005). Indeed, schools are regarded as one of the few environments where individuals can access services fairly equitably (RCPCH, 2003)

Furthermore, Lister-Sharp, Chapman, Stewart-Brown, and Sowden (1999) found evidence that health-promoting initiatives in schools showed signs of having a positive impact on health and this was in spite of the problems generated by the inclusion criteria of this review of reviews, which resulted in the exclusion of many studies. Therefore, as the 'only trained nurse working across the health and education divide' (DeBell & Jackson, 2000, p.24) school nurses are ideally placed to help develop schools into health promoting environments and this has been recognised in several government documents (DoH, 1999a; DoH, 1999b; Health Development Agency, 2002).

The school nurse practice development resource packs (DoH, 2001; DoH, 2006b) and *The Chief Nursing Officer's Programme for School Nursing* (Nurse Advisor for Children and Young People & Children's Workforce Unit & DfES, 2005) outline interventions for school nurses to promote the health of young people. However these provide brief descriptions of practice and there is limited evaluation of their effectiveness.

School drop-in clinics are one of the few interventions by school nurses about which there is a significant amount of published material. The value of the provision of drop-in clinics as an appropriate service has been advocated for some time (Bartley, 2004; DeBell & Everett,1998; DoH, 2004a; Gleeson, 2001; Graham, 2001; Healey, 2004; Lightfoot & Bines, 2000). This is mainly because of the difficulties young people have in accessing health care to meet their perceived needs (Gleeson et al., 2002). However, Cotton et al. (2000) found that the time and resources allocated to this service provision were very small compared to other school nursing activities.

Moreover, there are only a few published reports that have evaluated drop-in clinics in the UK. Osbourne (2000) determined the number of students and reasons for their attendance at a drop-in clinic held in school, noting the wide range of issues that presented and also the low attendance of boys. However, this was more of an audit than a research project. Crowe (2000) and Richardson-Todd (2003) both provide descriptive accounts of the setting up of teenage drop-in information centres in locations off the school premises. These appear to have been well received by the young people locally but were mainly used by females. Peckham and Carlson (2003) describe a research-based evaluation of school based clinics set up to address the general health needs of young people. The outcome of the research is positive in that

the clinics appear to provide a valued service. However, once again, females predominantly accessed it and there were concerns that the service, which was only provided for an hour a week, was too limited.

School based clinics in the UK are patchy in provision (Graham, 2001) and very much in their infancy compared to the USA, where there has been a focus on adolescent health since the 1980's and school based health centres are now widespread (Broussard, 2004). Studies from the USA have identified the benefits of this provision (Peckham & Carlson, 2003) and a recent study suggests that the number of school nurses providing drop-in services has risen to around 92% (Ball & Pike, 2005), although the study sample only represented about half of the school nurses in the UK and time allocated to drop-ins was not determined. Overall, there is an urgent need to evaluate the drop-in service in the UK more thoroughly but it does appear to be an intervention that may contribute towards meeting the needs of the young people.

One other area of health promotion that has been more widely considered in relation to school nurses is the provision of sex education to young people. The government has recommended that school nurses should be involved in personal, social and health education (PSHE) (DoH, 1999a, DoH, 1999b, DoH, 2001, DoH 2006b). Lightfoot and Bines (2000) noted a number of valuable and distinctive aspects, identified by both teachers and young people, that school nurses could offer when delivering sex education. This is therefore another area where increasing intervention by school nurses may be beneficial to young people.

Conclusion

It is clear that adolescent health is an important area for research because of the lifetime implications. Whilst professional knowledge can provide important information regarding the epidemiology of health problems within the adolescent population, this general and professional focus may fail to identify the health needs most pertinent to young people locally. Therefore the views of young people at community level should be considered when determining health needs. Moreover to fulfil the criteria for a comprehensive health needs assessment it is important to determine the perception of the assessed population (Cavanagh & Chadwick, 2005).

Surveys have been shown in this literature review to be a useful tool for obtaining information on a wider scale on general health trends and health behaviour. However, problems associated with this methodology were highlighted, particularly in imparting an understanding of the perceptions and perspective of young people. Therefore, qualitative methodology such as focus groups, which appear to have been implemented successfully with young people, may be a method of determining these perceptions. The information from focus groups can then be used to modify the design of a validated questionnaire to ensure that local needs and perceptions are addressed, which may go some way towards redressing the problems of a generic questionnaire. This will involve a methodologically plural approach as recommended by Green (2002) as an appropriate technique for assessing the health needs of young people.

The lack of robust research into interventions by school nurses to promote the health of young people presents difficulties associated with determining the appropriate interventions that should be offered to meet the identified health needs. It will

therefore be necessary to include interventions that are known to be offered by school nurses rather than recommending those proven to be efficacious. It will also be beneficial to seek the views of young people regarding ideas for other possible intervention. Indeed, this is recommended by authors such as Smith et al. (2004). It is apparent from the literature that the role of the school nurse is in a state of equivocation and it is hoped that this research may therefore help to provide a clearer framework for the role of the school nurse in a secondary school.

CHAPTER 3

Design and Methods

This chapter describes the design and methods chosen for this research and reflects on associated methodological issues. The methods were chosen as the most appropriate for gathering data to answer the research questions identified for the study. These questions are concerned with the exploration of the perceived health needs of young people, the services they would like the school nurse to offer to them to meet these needs, and, more broadly, their views on the role of the school nurse within the school. The research methods chosen include the use of focus groups and questionnaires to obtain both qualitative and quantitative data and these are described in detail. The chapter also covers sampling techniques and the analysis of the data. The data gathering is located in methodological and indeed philosophical contexts. Consideration is also given to the ethical issues arising from the research and how these will be addressed. Finally, limitations of the methodology are discussed.

Philosophical Considerations

This researcher believes that neither a strictly positivist perspective, as described by Bowling (2002), nor its diametrically opposite stance, often referred to as interpretivism, as described by Bryman (2001), is entirely appropriate for this research study. A rigid adherence to the positivist approach may fail to elicit the true perception of the young people regarding their health needs, since a positivist stance is not considered to be conducive to determining the perceptions of individuals (Crossan, 2004). Furthermore, the school environment is not totally stable or value free since it is influenced by the experiences of the staff and students who attend.

Therefore, it would be difficult to rigidly apply the objectivity required by the strictly positivist approach (Polit & Hungler, 1999).

Conversely, a wholly interpretivist approach may fail to take account of the external factors that influence the perspective of the pupils, such as the current ethos and structure of the school and political influences such as the 'Healthy Schools' initiative (DfES, 1999). Furthermore, this approach is impractical for achieving the aims of this study since it would require interviewing a large proportion of children to obtain results that have external validity (Polit & Hungler, 1999).

This study will therefore be broadly based around the philosophy of critical realism as described by Bhaskar (1997). This approach has been selected because critical realism is regarded as one of the philosophical positions that occupy the middle ground between the extremes of positivism and interpretivist approaches (Proctor, 1998). In particular it requires researchers to take account of both subjective perceptions and the external structures that may influence them (Proctor). This viewpoint is therefore appropriate for this study into the perceived needs of students who are subject to influences from school and society.

Overview of Methods

This research therefore used both qualitative methodology associated more generally with the interpretivist perspective as discussed by Bryman (2001) and quantitative methodology that is more closely linked with the positivist paradigm as discussed by Parahoo (1997). It was anticipated that use of both methodologies would reduce the weaknesses associated with a strictly qualitative or quantitative approach (Bryman, 2001). Triangulation of methodology also contributes towards improving the rigour,

breadth and depth of the study (Denzin & Lincoln, 1994). Furthermore, it is recommended that the most effective health needs assessments involve a combination of methods (East, Hammersley, & Hancock, 1998) and that research of health needs that may inform the development of health promotion programmes can be enhanced through methodological plurality (Green, 2002).

The qualitative part of the study was conducted first, using focus groups to explore the perceptions of young people regarding their health needs and services they would like to be offered to meet them. These views were then used to help design a questionnaire for the second part of the study. The use of qualitative data to inform a survey is regarded as beneficial (Proctor, 1998). For example, it may reveal the appropriate terminology to use when designing a questionnaire (Pope & Mays, 1999). Moreover, qualitative data can determine the child's frame of reference and ensure that questions reflect the child's view and not an adult perspective (Bricker, 1999). Stafford, Laybourn, Hill, and Walker (2003) also noted that although there was a dearth of evidence comparing the effectiveness of research methods with young people, young people themselves appeared to favour the use of focus groups and questionnaires for obtaining their views.

Focus Groups

Focus groups are regarded as a particularly useful method of generating discussion that may highlight areas of importance to the participants (Kitzinger, 1999). They are commonly used to obtain data in health needs assessments (East, et al., 1998). Focus groups have also been used successfully in studies that have tried to obtain the views of children and young people about health issues and health services (Bostock & Freeman, 2003; Leon, 1999; Roose & John, 2003). Each focus group

was organised to last approximately 60 minutes, to take into account the age of the young people (Krueger & Casey, 2000) and the logistics of fitting the sessions into the school timetable. Each session was conducted by the researcher in school time, on school premises, and audiotaped to provide qualitative data.

Krueger and Casey (2000) question the use of the school environment as an appropriate venue for focus groups with young people because it is a situation where they are traditionally subordinate to adults. However, this particular school has a wide catchment area and many of the pupils are transported to school by school coaches. Consequently, the use of a more neutral venue may have increased problems with recruitment because of transport difficulties. Furthermore, Patterson and Kelly (2005) suggest that the use of school premises can be advantageous since individuals are interviewed in their natural environment and O'Brien (1993, p.364) stated that use of a familiar setting can reduce the tendency for the participants to feel 'studied'.

Dialogue was prompted through the use of a questioning route as recommended by Krueger and Casey (2000) and outlined in Appendix A. Particular efforts were made to ask open-ended questions, since young people are less likely to elaborate answers than adults (Krueger & Casey). These questions focused on the priority themes from *Choosing Health: making healthy choices easier* (DoH, 2004c). However, time was allowed for discussion of other areas of health of concern to the young people. Particular efforts were made to facilitate group discussion, taking into account factors that promote effective communication such as a relaxed atmosphere and the use of strategies such as ice-breakers (Lightfoot & Sloper, 2002). The researcher also strived not to talk too much, which is a common problem amongst novice moderators (Krueger, 1994). Refreshments were provided as recommended

by Krueger and Casey since this provision can also help promote a relaxed atmosphere (Morrison & Peoples, 1999) and are in accord with Maslow's hierarchy of needs (Maslow, 1968).

The advantages of using focus groups are that they provide a useful forum for brainstorming topics, they can generate data relatively quickly and inexpensively and they may promote communication amongst individuals who may be more comfortable in the company of friends (Parahoo, 1997). This latter point is particularly important when researching with children, who may be intimidated by the presence of an adult (Bricker, 1999). Focus groups also have high face validity within a particular study (Krueger, 1994), which is particularly valuable when the data is to be used to construct a questionnaire (Jackson, 1998). Furthermore, obtaining views is not dependant on a specific level of literacy (Bostock & Freeman, 2003).

There are also particular disadvantages associated with the use of focus groups including the possibility that some individuals may monopolise the conversation and shy members may be unwilling to contribute which may lead to a failure to elicit the minority viewpoints (Stafford et al., 2003). Some members may also feel pressurised to conform to perceived group norms (Jackson, 1998) and recording data can be technically difficult (Parahoo, 1997). Therefore, specific skills are required to run focus groups effectively. Indeed Krueger and Casey (2000) and Mansell, Bennett, Northway, Mead, and Moseley (2004) maintain that the skills of the facilitator are crucial to the success of the focus group. External validity is also compromised by the small sample size (Krueger, 1994) and this was addressed through use of a questionnaire.

Questionnaire

A questionnaire is a method that obtains information on topics such as health, in a systematic way from a representative sample (Meadows, 2003). It is therefore an appropriate research method for meeting the aims of this study. Furthermore, questionnaires are also a common method of data collection in research concerned with health needs assessment (Murray & Wilkinson, 1998). The questionnaire design was based essentially on the data obtained from the focus groups supplemented with questions that relate to the health priorities identified in *Choosing health: making healthier choices easier* (DoH, 2004c), to increase its content validity (Oppenheim, 1992). Where possible, questions from the WHO survey on the health behaviour of school-aged children (Currie, Samdal, Boyce, & Smith, 2001) were used to promote the validity and reliability of the questionnaire (Mathers, Fox & Hunn, 2002). However, because of the client-led nature of the study and the focus on perception rather than behaviours, some questions were amended and new ones included.

The advantages of questionnaires are that they can obtain a substantial amount of data relatively quickly and cheaply; they can be modified in pilot studies to improve their reliability and validity; their structured design promotes reliability; and the influence of the researcher is reduced (Parahoo, 1997). The standardised nature of the questions also facilitates comparison between individuals and groups; it may promote anonymity and is considered to be relatively non-invasive (Torsheim, et al., 2004). Furthermore, young people themselves felt that questionnaires were a good way to obtain their opinions because they provide an opportunity for a large number of young people to have their say, they don't discriminate against those who are shy and they provide anonymity (Stafford et al., 2003).

Disadvantages of questionnaires are problems with interpretation of questions and therefore of reliability; little opportunity to explore individual perceptions in any depth; and the requirement for a certain level of literacy (Parahoo, 1997). These were addressed through the use of a pilot study; the use of data from the focus groups and providing support with reading the questionnaire where necessary. Validity may be impaired by inaccurate completion of questions (Haralambos, Holborn, & Heald, 2004). Questionnaires can also be perceived as boring or too time consuming (Stafford et al., 2003), length and interest are therefore important considerations. It is also recommended that where possible the young people are involved in the design of questionnaires aimed at their age group (Stafford et al.). Use of the focus group data helped facilitate this. One particular disadvantage is that boys can be reluctant to complete a questionnaire as found in the study by Finlay (1998). This may be due to male socialisation, which fosters a sense of invulnerability to health risks, and a reluctance to admit to health needs (Davies et al., 2000). This concurs with the views of Torsheim et al. (2004) who found that there was a difference in the reporting of subjective health by boys and girls, which became more significant with age. This clearly had the potential to influence the results.

HBSC questionnaire.

This research used questions from the HBSC survey (HBSC, 2002) as a basis for the questionnaire. It is therefore pertinent to consider this survey in more detail. The HBSC survey uses three subjective indicators to obtain information on the health of young people (Torsheim et al., 2004). These are included to obtain the personal perceptions of young people regarding their health and to promote the principle of empowerment. These two factors are also important elements of this particular research and therefore the use of these indicators is in accord with the principles on

which this research study is based. The three indicators used in the HBSC survey are self-rated health, subjective health complaints and life satisfaction. Studies on adults have shown links between subjective health ratings and objective health outcomes (Torsheim et al., 2004; Wade, Pevalin, & Vingilis, 2000). However, questions have been raised about the reliability and validity of using these measures and applying the same assumptions to adolescents (Haugland & Wold, 2001; Wade et al., 2000).

Encouragingly, Haugland and Wold (2001) reported good face validity from qualitative data and adequate test-retest reliability from a fairly large sample for the subjective health complaints checklist used in the HBSC survey. This was tempered by findings from a later study by Hagquist and Andrich (2004) who used a Rasch model to evaluate the validity of the symptom checklist and found that three of the items did not work with the Rasch model in their present form, although the other five did. This research therefore used only a five-symptom checklist to consider subjective health complaints and, as in the HBSC study, particularly considered the occurrence more frequently than weekly, of two or more health complaints, because of the impact of multiple, frequent health complaints on general functioning and well being (Torsheim et al., 2004).

The validity of self-rated health measures to elicit the prevalence of physical health problems in adolescence is contested (Wade et al, 2000) because it is proposed that this measure in adolescents is particularly influenced by life experience and especially socio-economic status. The influence of socio-economic status on health is also supported in the most recent HBSC study (Holstein, Parry – Langdon, Zambon, Currie, & Roberts, 2004). It was beyond the scope of this study to

determine the socio-economic status of each participant but the influence of some of the wider determinants of health were considered in the analysis of the results.

Sample

The sample frame for this study was all pupils enrolled at a particular secondary school in years 7 to 11. The sample for the two focus groups was drawn from a non-probability, convenience sample of volunteers (Parahoo, 1997). One sample was drawn from year 8 pupils and another from year 10 pupils. This promoted a degree of homogeneity within the individual focus groups as recommended by Kitzenger (1999) whilst also providing a cross-section of views to inform the survey. Krueger and Casey (2000) also recommend keeping the age range of young people in focus groups to a minimum because of the difference in maturity. Consideration was given to running two separate single sex focus groups for year 8, because of the possible problems of mixed sexed groups at this age (Krueger & Casey) but the poor response for volunteers made this impractical.

Recruitment can be a challenging part of the process of establishing focus groups (Krueger & Casey, 2000; Patterson & Kelly, 2005). The researcher intended to address school assemblies of the targeted age groups to canvas for volunteers. This is in accord with the recommendations of Patterson and Kelly who point out the importance of informing potential participants about the value of the research to them and their community. However, addressing the assembly for year 8 produced little response and the opportunity to address the year 10 assembly was impeded by school commitments and then cancelled at the last minute. The researcher therefore visited all the year 8 and 10 forms individually to recruit volunteers, which was time consuming. Despite this, the response remained disappointing, even with the £5

incentive, as recommended by Patterson and Kelly, which only seemed to have notably induced the younger participants, even though money and food are regarded as particularly strong incentives for young people (Krueger & Casey; Stafford et al., 2003). Recruitment of older boys was also particularly difficult, as found by Edwards and Alldred (1999). Further incentives to recruitment included the option to nominate a friend that the young person wished to attend the focus group with. Indeed, Stafford et al. (2003) found that young people thought that groups would work better when the participants knew each other. However, care was taken to ensure that recruitment was not restricted to a particular clique or group since this could have severely limited the spectrum of views obtained (Krueger & Casey).

Parents or guardians of volunteers were sent a copy of the letter in Appendix B and asked to return written consent for their child to be included in the focus group. The sample size of each focus group was intended to be between six and eight as recommended by Krueger and Casey (2000). Seven students from year 8 volunteered and returned parental consent forms. One student was sick on the day, so the year 8 group comprised three girls and three boys. Only four young people from year 10 volunteered and returned parental consent forms, although the smaller number for the year 10 group was not necessarily detrimental since Bostock and Freeman (2003) in their research with young people found that groups of four to five worked best. The year 10 group comprised three girls and one boy.

The sample for the survey was a probability cluster sample (Parahoo, 1997) using two form groups per year to obtain a cross sectional sample from the school, generating a total sample of 247.

Data Collection

The focus groups were audio-taped as recommended by Krueger and Casey (2000). However, because of the potential problems with tape recorders, such as audibility of the participants or general malfunction, the researcher requested the assistance of a colleague to take notes, as also recommended by Krueger and Casey. Indeed, Mansell et al. (2004) saw the role of a second person as fundamental to the success of the group.

Self-completion questionnaires were distributed by the researcher to all the pupils in the forms chosen for the study. They were completed during class time in the presence of the researcher and placed in a sealed envelope on completion. This stage was time consuming and took nearly three months in total encompassing three school holidays. The researcher also had to make appointments to visit each form through the individual tutors, which were cancelled several times at short notice. The researcher learnt to bring a supply of pens to reduce barriers to completion of the questionnaire. The researcher provided young people who were absent from school on the day of the survey alternative opportunities to complete a questionnaire, to ensure vulnerable groups, such as those excluded from school, were included.

Pilot Study

A pilot study of the questionnaire was conducted prior to general dissemination, as recommended by Oppenheim (1992), using the participants of the focus groups, to ensure the questions were understood and produced the data required.

Analysis

Stage one.

Data from the focus groups was transcribed in an abridged format as described by Krueger and Casey (2000) since this is considered adequate for the development of a questionnaire (Jackson, 1998). This data was subsequently analysed using a 'framework approach' as described by Pope, Zeibland, and Mays (1999). This involves five stages: familiarisation, identifying a thematic framework, indexing, charting, and mapping and interpretation. However, Bricker (1999) points out the problems of adults with their particular perspective, interpreting qualitative data obtained from children who may have a very different perspective. Therefore, care was required in ensuring that the interpretation of the data reflected the views expressed by the young people as accurately as possible.

Stage two.

The questionnaire was analysed using SPSS version 13 to provide descriptive statistical analysis such as frequency distributions and measures of central tendency (Manktelow, Hewitt, & Spiers, 2002) and inferential non-parametric statistical analysis such as chi-squared (Donnan, 2000). Expertise was available at the University of Chester for support with this tool.

Ethical Considerations

Allmark (2003) considers that ethical considerations relating to research with children can be considered under three categories: scientific validity, welfare of the participants, and dignity and rights of the participants.

Scientific validity.

This research meets the criteria for scientific validity since it aimed to identify the unique health needs of young people in a particular location at a particular point in time and did not therefore replicate any other study. Moreover, it meets the guidelines established by the Royal College of Paediatrics and Child Health (RCPCH) ethics advisory committee (RCPCH, 2000), which state that children should only be involved in research that cannot be performed on adults. Clearly the views of children were essential to this research project. Technical competence was assured through the supervision provided by the University of Chester.

Welfare of the participants.

Participant welfare involves considering the principles of beneficence and non-maleficence as cited by Tschudin (1992). The young people in the school did benefit from this research by influencing the provision of a more client-led service. Involving young people also promotes the principles of participation and empowerment, which are regarded as fundamental tenets of health promotion (Naidoo & Wills, 2000). There was little risk associated with the project apart from raising expectations that may be difficult to meet within service constraints. The students were reminded of the availability of the school nurse to debrief any difficult issues that were raised during the focus groups or completion of the questionnaire.

Dignity and rights.

The researcher consulted with the head teacher prior to the start of the research to obtain consent to involve the students in the study. A letter was subsequently sent home via the pupils, to all parents and carers of children selected for the survey (see Appendix C) to inform them about the research and provide them with the opportunity

of withdrawing their child from the study. Specific consent was obtained from the parents or guardians of volunteers for the focus groups (see Appendix B). The autonomy of the young people was respected by obtaining their informed consent for the project. Particular efforts were made to ensure the information provided was age appropriate.

Voluntariness created a slight dilemma, since there was the possibility that some children felt obliged to consent because of the norms of the school establishment and the power imbalance between children and adults (Bricker, 1999). The researcher tried to ensure that the young people involved were aware they have the right to refuse to be involved (and indeed some did) and that this decision would not prejudice how they would be subsequently treated.

Confidentiality was maintained according to the principles established in the Nursing and Midwifery Council (NMC) code of conduct (NMC, 2004). The Data Protection Act 1998 was adhered to. All raw data was anonymised and destroyed following input into a computer. The computer data was password protected. At the start of each focus group the young people were encouraged to maintain confidentiality regarding the disclosure of any personal information as recommended by Macleod Clarke, Maben, and Jones (1996). To promote the principle of equal opportunity, particular efforts were made to include the views of marginalized groups such as those excluded from school.

Limitations of the Methodology

The inexperience of the moderator and reticence of the younger students negatively influenced the first focus group and limited the depth of the discussion. One year 8

student was particularly shy and reluctant to contribute and the sole boy in year 10 was rather dominated by the three girls. This may have constrained the expression of minority views in the focus groups. The response from the excluded and absent pupils to completion of the questionnaire was also particularly poor and may have further reduced the inclusion of minority views. The small number of focus groups reduced the breadth of qualitative data, which limited exploration of the themes. However, in spite of these limitations the methodology described was effective in producing valuable data to answer the research questions. This data is described in the next chapter.

CHAPTER 4

Results

This chapter presents the results obtained from this research. The first part describes the results from the focus groups and the second section outlines the results from the questionnaire. Triangulation of the methodologies was used to obtain a wide spectrum of information in terms of breadth and depth in order to answer the research questions as comprehensively as possible. Consequently, both research techniques explored the perceived health needs of young people, services young people would like the school nurse to offer to meet these needs and, more generally, the perceived role of the school nurse.

Focus Group Results

The first part of the data collection involved obtaining the views of young people during two focus groups. Analysis of the data followed the framework approach (Pope et al., 1999). Familiarisation of the data was achieved during transcription and several readings of the transcription. A thematic framework was subsequently identified, which mainly centred on the a priori issues from *Choosing health: making healthy choices easier* (DoH, 2004c) and the role of the school nurse. The main health related themes were therefore healthy eating, exercise, smoking, alcohol use, drug use, sexual health and mental health. Themes relating to the school nurse included the current perception of the role and how this could be developed. The data was then indexed and charted into the tables that follow.

Quotes from the transcripts are referenced, with line numbers in italics, and can be found in Appendix D.

Healthy eating.

Healthy eating was the dominant theme for the year 8 students as can be seen in Table 1. It recurred several times during the duration of the focus group and whilst the opening question ice-breaker question regarding healthy food may have initially concentrated thoughts on food, its frequent recurrence suggests that this was a significant health concern of year 8 pupils. There were particular concerns in relation to access to affordable, healthy food in school, which was felt to be inadequate, especially at break time and for those on free school meals, who appeared to have difficulties purchasing sufficient healthy food to satisfy hunger on the money available. Improving the choice of affordable, healthy food and access to water dominated the discussion about what could be done in school to improve health.

The year 10 students acknowledged the influence of healthy eating on health generally, but indicated that they felt this was over emphasised at times, particularly with the media focus on obesity. They also resented the limitation on choice in school since the introduction of a healthier menu.

Table 1

Dialogue About Healthy Eating

Specific topic	Year 8 students	Year 10 students
Students' description of a 'healthy' food consumed recently	Banana, orange, melon, apple, breakfast cereal with cranberries and yoghurt, cheese 'butty' (p.125, *9-49)*	Strawberries, apple, cornflakes, porridge (p.150, *8-19*)
Students' description of an 'unhealthy' food consumed recently	Chocolate, coke, mints and bacon 'butty' (p.125, *10-49*)	Crisps, pizza, biscuits. (p.150, *8-21*)
What does being healthy mean to you?	'not being underweight or overweight' (p.126,*16)* 'if you eat healthier it might make you feel good about yourself' (p.126, *30*)	'you have a balanced diet'(p.150, *29*) All 4 students said this was important for health.
Obesity – a concern or not in your age group?	'yes, and not being underweight as well' (p.127, *23*) Obesity mentioned as one of 2 top health concerns in their age group, by 4 students from the a priori issues. (p.128)	'they're pushing obesity' (p.151, *30*) 'girls at our age ... they're thinking that they are obese ... and they're actually not, so that may cause them to become anorexic or bulhemic'(p.151, *25-27*) 'some people think that ... you have to be like a perfect size 8' (p.151, *36*) 'you're better off just being yourself' (p.151, *38*)
Barriers to obtaining healthy food and water in school	'the health section always seems to like cost more' (p.129, *13*) 'I'm on tokens [and so] can't really afford [something healthy].'(p.129, *25*) 'they don't do anything healthy at break' (p.131, *31*) 'say you just want to fill your water bottle up, you'd have to go into the canteen [and] queue for ...15 minutes.' (p.133, *7*)	'there's no choice in the canteen now'(p.152, *1*)

Exercise and health.

Exercise was also a fairly dominant theme for the year 8 students as demonstrated in Table 2. It was recognised as something individuals who were healthy could do and provoked some lively discussion about the lack of facilities at school to promote exercise during break times. There was little discussion or apparent awareness about how much they should be exercising, with more focus on opportunities for engaging in sport.

Conversely, the year 10 students specifically acknowledged that regular exercise was important to health but felt there were sufficient opportunities in school to fulfil this need for those who were motivated to do so.

Table 2

Dialogue About Exercise and Health.

Specific Topic	Year 8 students	Year 10 students
What does being healthy mean to you?	'being able to do like sport' (p.126, *10*)	'you exercise frequently' (p.150, *29*)
Lack of exercise - a problem or not in your age group?	'it depends whether you enjoy it or not' (p.127, *31*) 'you get exercise from school as well, you've got PE' (p.127, *35*) Only one student regularly walked to school.	'not really, because everyone has to do PE' (p.153, *12*) '[some boys] deliberately forget their kit so they don't have to do [PE]' (p.153, *28*)
What could you do individually to improve your health?	'you could go to the swimming baths' (p.130, *26*)	
Access to exercise in school was discussed	'they sort of like demolished the playground' (p.139, *24*) 'there's nothing to play football with' (p.139, *4*) 'I can't go to things after school' (p.138, *46*)	'until Christmas we didn't have anywhere to do PE' (p.154, *10*) 'I haven't time to go [to sports activities] after school' (p.167, *20*)

Smoking and health.

Smoking was discussed by both focus groups and acknowledged as a health problem in both age groups as indicated in Table 3. However, the year 10 students explored the issues in much greater detail than the younger students and appeared to recognise the health implications of both smoking and second hand smoke, the influence of peer pressure on the uptake of smoking and the difficulties associated with encouraging smokers to give up the habit.

Table 3

Dialogue About Smoking and Health.

Specific topic	Year 8 students	Year 10 students
What does being healthy mean to you?	Smoking not mentioned in this context by year 8.	'no smoking ... cos that's bad for you' (p.150, *32*)
Smoking – a concern or not in your age group?	Mentioned by 3 students as one of the 2 main health concerns from the a priori issues. (p.128, *31, 50)* 'there's loads of smokers in our year' (p.138, *5*)	Stated by 3 of the 4 students as one of the 2 main health concerns from the a priori issues.(p.162, *32, 34, 38)* 'a huge problem' (p.154, *28*)
Recognition of the adverse affects of smoking on health		'there's the second-hand smoke as well' (p.154, *31*) 'it's getting on our chest, like, the second-hand smoke' (p.154, *39*) 'I know quite a few people who've died from smoking' (p.155, *5*) 'people know you get cancer' (p.154, *48*)
Attitudes towards smoking within the group		'You can tell that they smoke, it's horrible and they smell of it like loads' (p.154, *28*) 'its actually not cool'(p.155, *1*)
Perceived factors influencing the uptake of smoking in young people		'they think it's cool' (p.154, *52*) 'they're looking at their peers and ....thinking they're doing it, we can do it, just copying by example' (p.155, *27*) Mixed messages from some parents. 'He'd go mad at me for smoking and drinking, but he does it himself' (p.157, *2*)
Perceived factors influencing the continued habit		'I don't think he's got the willpower to give it up now, he's been doing it for so long' (p.155, *9*)

of smoking generally		'it's just natural for him to do it now, cos he's just grown up with it' (p.155, *21*) Stress (p.155, *14*)
Recognition of media pressure to stop smoking		'everyone's trying to give em up now cos everyone's forcing it' (154, *44*)
Perceived barriers to seeking help to stop smoking	'they might feel embarrassed about [coming to a stop smoking club]' (p.138, *11*). Teachers might see them accessing services and 'shout at them' (p.138, *23*) Parents finding out about accessing services (p.138, *31*)	'people our age just ignore [health warnings] and think, oh it won't happen to us' (p.154, *49*) 'if they're stupid enough to smoke then they obviously haven't got the sense to do other things and like try and stop it' (p.155, *23*)

Alcohol and health.

As shown in Table 4 the year 8 students mentioned alcohol only briefly. However, the year 10 students, most of who appeared to have consumed alcohol, spent some time focusing on alcohol as a health issue. Alcohol consumption at their age seemed to be regarded as acceptable (and was clearly highly palatable) on condition that it didn't cause significant inebriation or become a dominant behaviour. The adverse affects of alcohol were however recognised, including its' potential to cause dependency and influence on family relationships and lifestyle.

Table 4

Dialogue About Alcohol and Health.

Specific topic	Year 8 students	Year 10 students
Alcohol – a concern or not in your age group?	Mentioned by one student as one of the 2 main health concerns from the a priori issues. ' I think like drugs and alcohol because then if you don't get into the habit now, you're less likely to get into the habit when you're older' (p.128, *44*)	2 students mentioned alcohol and drugs as one of the 2 main health concerns from the a priori issues amongst their age group. (p.162, *36, 38*)
Types of alcohol consumed by young people.		Alcopops, vodka, bacardi breezers, lambrini (p.155, *49* – 156, *1*)
Reported personal experiences of alcohol		'alcopops taste like fruit juice' (p.156, *3*) '[Alcopops] tastes really nice, it tastes like pop (p.156, *5*) 'You can drink loads [relating to alcopops and bacardi breezers] in a short space of time and you won't feel it until you stop' (p.156, *12*)
Reported alcohol abuse amongst peers		'I know quite a few people ... and that's all they do on the weekend ... just drink' (p.156, *22*) 'Some people are like [drinking] every Friday, Saturday night and then they're dead on Sunday' (p.156, *31*)
Attitudes towards alcohol		'I think alcohol's OK but if you're like careful with it, and only drink it on like special occasions' (p.156, *27*) 'My Mum just has ... a small glass [of wine] after work' (p.156, *48*)
Recognition of adverse affects of alcohol abuse		'You start depending on it' (p.156, *39*) 'It ruins your life ... cos you'll just get used to [drinking alcohol excessively] (p.156, *35*) 'you probably won't get a job cos they'll be drinking most of the time' (p.156, *45*) ' My Dad ... drinks a lot ... my Mum hates it [and is] always having a go at him' (p.157, *1*)

Drugs and health.

Drug use was only mentioned once by the year 8 students and relatively briefly by the year 10 students who, whilst acknowledging it as a risk to health and readily available, did not report widespread use in their age group, as detailed in Table 5.

Table 5.

Dialogue About Drugs and Health

Specific topic	Year 8 students	Year 10 students
What does being healthy mean to you?		'no ... taking drugs because that's bad for you' (p.150, *32*)
Drugs – a concern or not in your age group?	Mentioned by one student as one of the 2 main health concerns from the a priori issues. ' I think like drugs and alcohol because then if you don't get into the habit now, you're less likely to get into the habit when you're older' (p.128, *44*)	2 students mentioned alcohol and drugs as one of the 2 main health concerns from the a priori issues amongst their age group. (p.162 *36, 38*)
Types of drugs reported to be most widely used by peers		Cannabis (p.157, *11, 13*) Two students reported ready access to drugs (p.157, *35-41*)
Reported drug use amongst peers		'I think it's people who are older than us, I wouldn't say it's affected our age group' (p.157, *24*) 'I know there's a few people in our year who do [use cannabis]' (p.157, *27*) 'There's quite a few ... of the boys in year 11 [who use cannabis] (p.157, *31*) One student reported knowledge of one older student who had used cocaine (p.157, *15*).
Recognition of adverse affects of drug use		'one boy ...[who has] done cocaine and ... it affected his life quite a bit, which was quite bad' (p.157, *15*)

Sexual health.

Sexual health was not raised as a health concern amongst year 8 students. However, it was a significant concern of the year 10 pupils as shown in Table 6. The main concern centred on the lack of appropriate information, which was deemed to be as a result of the catholic ethos of the school. They also appeared to assume that many other young people of their age group were sexually active.

Table 6.

Dialogue About Sexual Health

Specific topic	Year 10 students
Sexual health – a concern or not at your age?	One student picked sexual health as one of the 2 most important health concerns at their age from the a priori issues. (p.162, *32*)
Problems reported regarding obtaining information about sex and sexual health	'[Sexual health is a problem] cos we're at a catholic school and we don't really get given the opportunity for contraception and things like that cos our religion is like against it' (p.157, *45*) 'we don't get taught about [sex and sexual health]' (p.158, *12*) Only one student had been taught anything about chlamydia and qualified this by saying 'they've told us what it means but it's like they never go into detail like what you really want and need to know' (p.158, *37*) Another student didn't know if chlamydia was treatable. 'I don't know if you can get rid of it' (p.159, *10*) Library information was thought to be inadequate 'I bet ... there's only 3 books in this library that'll tell you anything [about sex]' (p. 159, *22*) 'We kind of pick [information] up ourselves' (p.158, *40*)
Attitudes regarding sexually activity amongst their age group	'she's already been pregnant 3 times and she's coming up for her 3rd abortion and it's like I'd never do anything near that, it's just horrible' (p.159, *25*) 'it's quite a big problem at other schools around here, cos not many people like, sleep around here' (p.159, *16*)

Mental health.

Both groups discussed mental health issues as highlighted in Table 7 and specifically mentioned bullying in relation to mental health. Indeed two of the year 10 students had experienced significant bullying themselves. There appeared to be some inconsistencies about student perceptions concerning the effectiveness of school measures to address bullying. The year 10 girls also discussed coping with the death of another female student, possibly connected with bullying, at some length. Whilst this had occurred nearly a year ago, it had clearly made a significant impact. Parental separation, which arose out of a discussion on confidentiality and trust, was also described as having the potential to have significant negative effects on mental health.

Table 7.

Dialogue Around Mental Health Issues

Specific topic	Year 8 students	Year 10 students
Mental health - a concern or not in your age group?	Mentioned by 1 student as one of the 2 main health concerns from the a priori issues. (p.128, *37)*	Mentioned by 1 student as one of the 2 main health concerns from the a priori issues. (p. 162, *36)*
Bullying	'mental health and emotions [is important] because some people like get bullied' (p. 128, *37*) Reported occurrences of bullying 'a bit' (p.147, *25*) 'not much' (p.147, *27*) 'I think this school's alright for bullying, but there is some individuals' (p.147, *29*) 'nearly everyone in my form keeps picking on this girl' (p.147, *20*)	'[Teachers] are always putting posters up but they never do anything about [bullying]' (p.162, *49*) I actually think bullying is quite a big thing for us, cos my little cousin ... got bullied and he's had to move' (p.163, *5*) 2 students described their own personal experiences of being bullied. 'the person came to me and basically knocked (pause) you know, out of me' (p.163, *9*) 'Last year I was cornered at the power station, cigarettes thrown at me, ... I got phone calls left on my phone threatening to be killed' (p.163, *30*) 'Bullying can ...affect people mentally and can make people kill themselves, because it gets so bad that they feel there's no way out, and no one can help them, and some people just get so depressed.' (p.164, *31*)
Bereavement		' We lost a girl that would have been in the year above us ... and it affected girls in her year and our year ... and we didn't really have anyone to talk to.' (p.164, *33*) 'there was no one really offering any help for anyone if they were really upset' (p.164, *46*) 'the big thing for me was when all the girls were writing all the sad messages on the toilet walls and they painted it over' (p.165, *9*) 'there should be a wall ...where people could post messages and write them' (p.165, 36)
Parental separation and divorce		Parental separation had caused significant mental distress to one student who had required counselling 'it does feel like I've lost my Dad' (p.160, *45*)

Perception of the role of the school nurse.

The focus groups were both asked what they thought the work of a school nurse currently involved and some responses are shown in Table 8. The general perception appeared to be that the main role centred on screening, immunisations and dealing with students who were physically ill. However, this did not appear to extend to supporting students with specific medical conditions. There was some general awareness about the drop in service and that this provided support for students in some way, but it was felt that this was not well used at present.

Table 8

Comments Concerning Perceptions of the Role of the School Nurse.

Year 8 students	Year 10 students
'To see how people who are ill and decide if you think they're ill enough to go home' (p.135, *39.*) 'And see if you can help get them better without sending them home' (p.135, *44*) 'Jabs and stuff' (p.135, 48) 'Like people who just want to come to you just to talk about health and like trying to do like research just to make the school like better and healthier' (p.136, *1*) 'You do a thing on a Wednesday where you can go and see you and get an appointment' (p.136, *9*) 'We did the like check on us ... eye tests and weight and stuff like that' (p.137, *5*) 'Do you go round different schools and like compare them together?' (p.137, *25*) 'Do you try and persuade them how good the school is or something?' (p.137, *34*) A student with asthma discussed the importance of his personal 'expert' knowledge of his condition as apposed to professional knowledge (p.145, *7-10*) Another student felt that it was the role of the GP or family to support a person with medical problems not the school nurse (p.145, *24*)	'just sits in the room and waits for people to come to see you and no none like comes' (p.167, *45*) 'You're there for support like with drop- ins and things.'(p.167, *52*) 'I don't think people know what they can come and see you for. I think they just think it's general health, being ill' (p.168, *10*) 'They try and raise awareness [of health issues]' (p.168, *24*) (although the student had never seen this happen before the focus group). 'to do injections' (p.168, *34*)

Development of the school nurse role.

The students made only a few suggestions outlined in Table 9, in response to the question enquiring about other services that the school nurse could provide. Both groups indicated that they felt that the services provided by the school nurse should be more widely advertised to increase the likelihood that students would access them. The year 8 students were also keen that the school nurse promote opportunities for exercise and provide support for smokers to help them give up. The year 10 students wanted sexual health and contraceptive services to be provided as well as support at stressful times such as during exams or following bereavement.

Table 9

Suggestions for Provision of New Services by School Nurse

Year 8	Year 10
'Do a club where you can help someone stop smoking' (p.138, *1*) School nurse to provide footballs at lunchtime (p.138, *40*) School nurse to promote sponsored exercise activities (p.137, *46*) More advertising of school nurse drop-in service (p.136, *30*) 'You could set [the drop in] on the school website' (p.146, *16*) Texting with a problem 'a good idea' (p.146, *20*) 'gives you more privacy' [than the internet] (p.146, *20-34*).	'[Do] what you've done with us 4 today' (p.168, *44*) 'You could do [the focus group session] round all the PSE classes ... to raise awareness [of health and what the school nurse can provide]' (p.168, *48* -169, *5*) 'We should be able to come and talk to you about sexual health' (p.169, *28*) 'We should be able to get contraception off you' (p.169, *30*) '[If students are upset] they should be ... given an appointment [to see the school nurse or a counsellor]. (p.166, *26*) 'I don't see that you're being used as much as people can actually use you.' (p.168, *4*) Provide emotional support at stressful times e.g. during exams (p.168, *12-16*)

General suggestions to promote health.

General suggestions to improve health are outlined in Table 10. Not surprisingly, given the dominance of the topics, the year 8 students focused on services to improve healthy eating and exercise. The year 10 students wanted more information to allow them to make informed choices about their health. One year 10 student also suggested more opportunity for exercise in school although this wasn't universally approved within the group.

Table 10

Suggestions for General Services that Could be Provided to Improve Health.

Year 8	Year 10
'Bring a packed lunch [to school]' (p130, *24*) '[Lower] the prices of [healthy] food' (p.130, *45*) Provide unhealthy food options only on special days in school (p.130, *48*). School to provide more healthy food options at break time (p.131, *23-35*). School to provide cheaper and less sugary drinks (p.132, *20* – 133, *3*). Improved access to water in school (p.133, *7*-134, *3*) [Provision of] 'More sports activities' [in the community] p.134, *50* – 135, *22*	'You're given lessons on sexual health and what the problems are and what the results are of smoking and drugs' (p.166, *41*) 'More PE lessons' (p.167, *8*) Counselling following sad events (p.166, *17-32*)

User views.

The year 8 students in particular, considered consultation with young service users to be important as shown in Table 12.

Table 11.

Opinions on User Views

Year 8
'do you know if [the government have] asked the kids from our age group [about what are the important health priorities]' (p.145, *37*) 'Maybe something like this [focus group] for kids in the community [to express their views]' (p.135, *26*) Suggested that part of school nurse role should be to run focus groups to obtain user views on health. (p.136, *1-7*)

Confidentiality.

Confidentiality arose out of the discussion about providing support for smoking cessation and later texting, amongst the year 8 students, and during discussion of sexual health with year 10 students. The comments in Table 11 suggest it is an important issue that influences the likelihood that services will be accessed.

Table 12

Comments on Confidentiality

Year 8	Year 10
'that'd make it a bit more confidential' (p.138, *29*) 'You know like that thing in church when you go for confession ... so they can't see who you are ...you could do that' (p.146, *36-44*)	'if they're under 16 and they've slept with someone then [students] are always worried that the nurse will still turn round and go and tell the parents or the head of year' (p.159, *52*)

Male socialisation.

Some year 10 girls expressed the view, outlined in Table 13, that some boys were unwilling to discuss sensitive issues with their peers due to male socialisation. This was partially corroborated by the male present.

Table 13

Opinions About Male Willingness to Discuss Sensitive Issues

Year 10
'I think emotions are definitely a big problem, because I know that a lot of boys don't wanna say what they think about anything' (p.161, *5*)
'Some boys, it's how they react, how they are with their mates .....they'll just like laugh or take the mick out of each other' (p.162, *6-7, 22*)
'there's some things you can tell boys and there's some things you can like only tell girls' (p.161, *30*) (spoken by boy)

Pilot of the questionnaire.

The decision to pilot the questionnaire was made during the year 8 focus group, when the group appeared to have reached a point where no further new ideas were being generated. It was a useful exercise, since the students were able to discuss any deficiencies with the questionnaire directly with the researcher and it led to amendment of some terminology and inclusion of a question on exercise. Moreover, it promoted further discussion on health issues.

Table 14

Comments on Questionnaire

	Year 8	Year 10
Layout	'I prefer it when the questionnaires have got multiple choice ... it's easier' (p.140, *49*) 'it's good that it's got dot dot dots as well' (p.141, *14*)	
Terminology	'what does bereavement mean?' (p.141, *31*) 'what's ex e ma?'(p.144, *8*) 'You know what [the word looks like] if you've got [the condition] (p.144, *6*)	
Length	Thought to be short enough to complete during registration (p.144, *31-33*)	Considered to be too long to complete by some students 'it is quite long and the boys in our form will get bored' (p.170, *26*)
Value of incentive to encourage completion	Very positive response (p.143, *28-36*)	Uncertainty about the power of the incentive to encourage people to complete the questionnaire. (p.170, *47-* 171, *7*)

The focus groups provided a valuable insight into the health issues that appeared to dominate in certain age groups and the particular aspects of the health issues that were most important. They yielded useful information about the students' current perception of the school nurse and how the role could be developed. They also provided the opportunity to pilot and amend the questionnaire. The data therefore made a significant contribution towards providing answers to the research questions but would have been insufficient alone due to the small sample. This was addressed through use of the questionnaire, the results of which follow.

Questionnaire Results

This section describes the results obtained from the 247 questionnaires that were completed by students in years 7 to 11. A copy of the questionnaire is in Appendix E.

Gender.

Table 15 and Figure 1 describe the gender distribution of the school population and the sample population. There is a slightly higher percentage of females in both the school and sample population.

Table 15

Gender of School Population and Sample Population

	Frequency	Sample Percent	Actual School Percent
Male	109	44.1	46.4
Female	138	55.9	53.6
Total	247	100.0	100.0

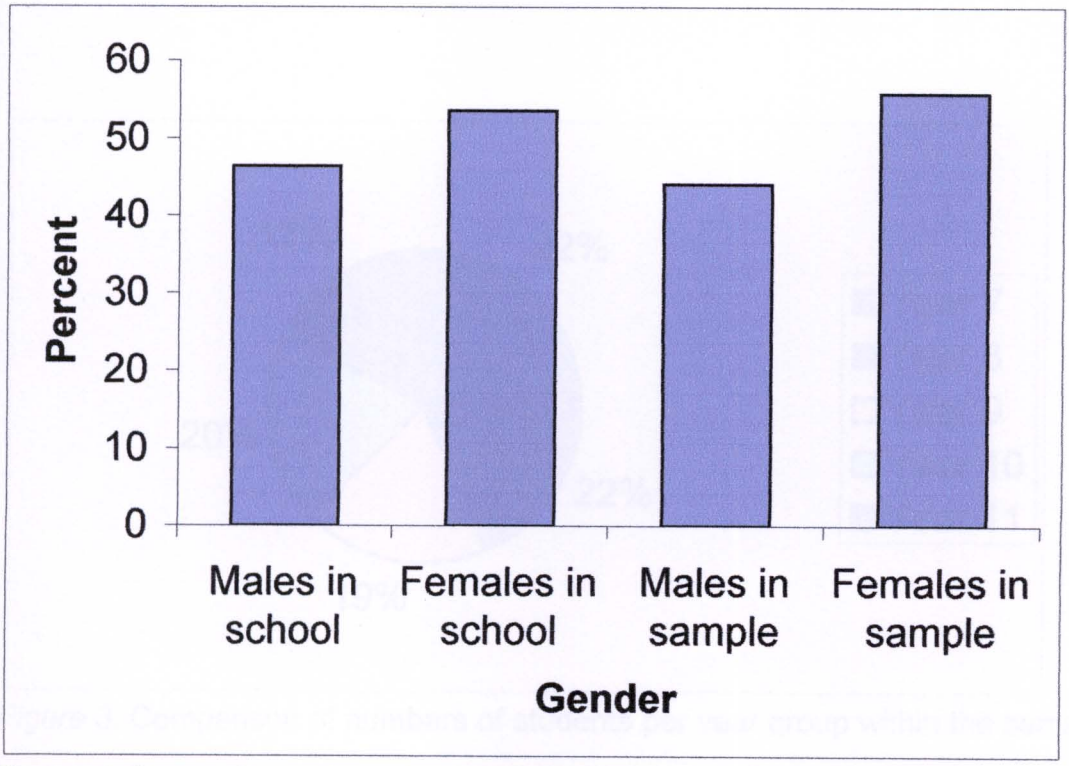

Figure 1. Comparison of gender distribution within the school and the sample.

School year.

Figures 2 and 3 describe the year group distribution of the school population and the sample population. Table 16 compares the gender distribution of the sample between and within school years. The sample was fairly representative of all school years and genders apart from rather fewer males in year 11.

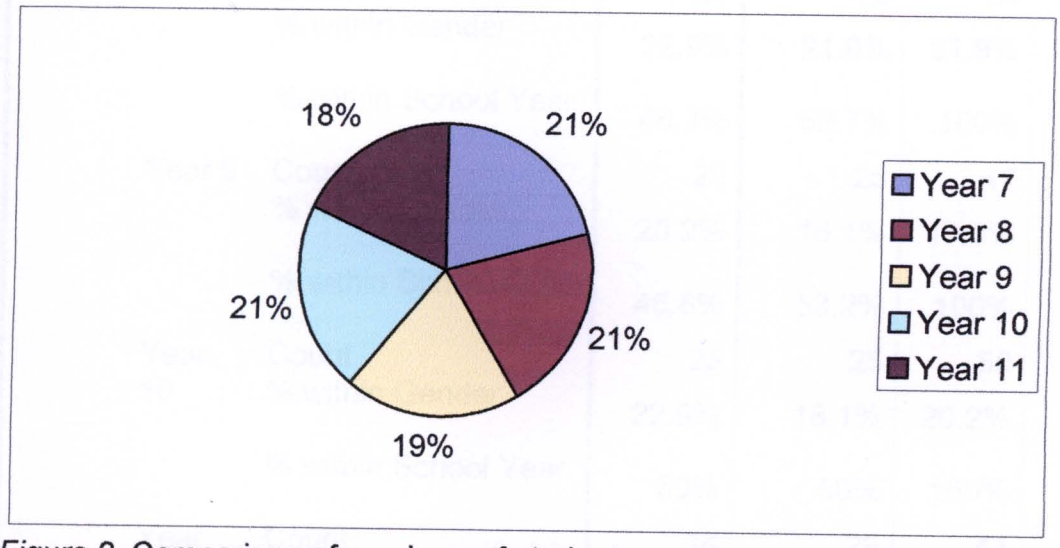

Figure 2. Comparison of numbers of students per year group within the school.

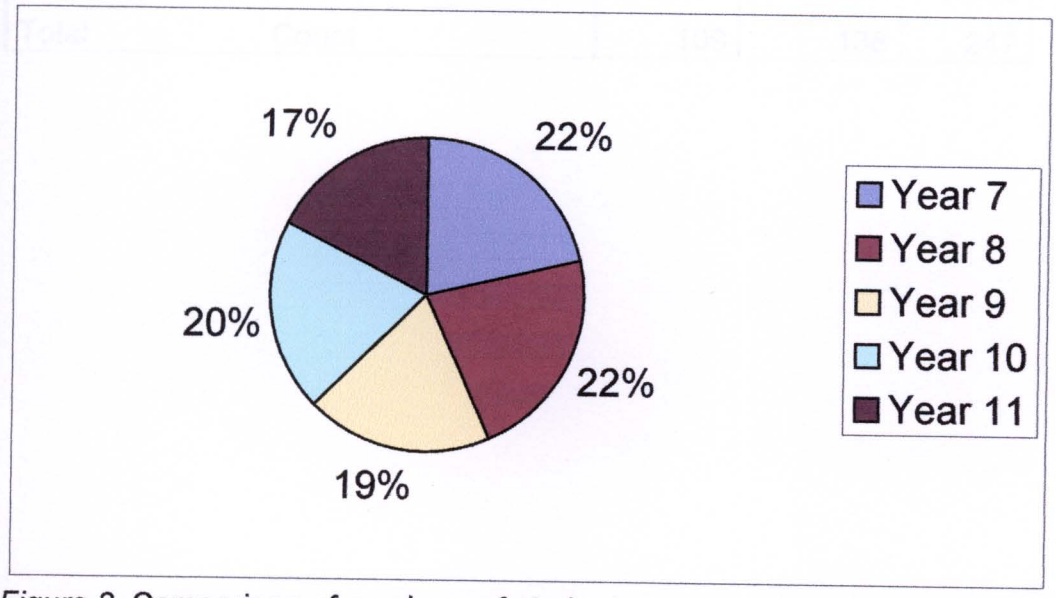

Figure 3. Comparison of numbers of students per year group within the sample.

Table16

Cross Tabulation of Sample According to School Year and Gender

			Gender		Total
			Male	Female	
School year	Year 7	Count	23	30	53
		% within Gender	21.1%	21.7%	21.5%
		% within School Year	43.4%	56.6%	100%
	Year 8	Count	25	29	54
		% within Gender	22.9%	21.0%	21.9%
		% within School Year	46.3%	53.7%	100%
	Year 9	Count	22	25	47
		% within Gender	20.2%	18.1%	19.0%
		% within School Year	46.8%	53.2%	100%
	Year 10	Count	25	25	50
		% within Gender	22.9%	18.1%	20.2%
		% within School Year	50%	50%	100%
	Year 11	Count	14	29	43
		% within Gender	12.8%	21.0%	17.4%
		% within School Year	32.6%	67.4%	100%
Total		Count	109	138	247

Health status.

Table 17 displays recorded health status according to school year and gender. Overall 92.7% of the sample considered themselves to be in good or excellent health. Males were more likely to regard themselves as in excellent health and also in less than good health although the actual numbers for the latter category are small. There was no particular trend connected with age.

Table 17

Cross Tabulation of Health Status According to School Year and Gender

			School year					Total
Gender	Health Status		Year 7	Year 8	Year 9	Year 10	Year 11	
Male	Excell-ent	Count	7	4	6	12	2	31
		% within School year	30.4 %	16.0%	27.3%	48.0%	14.3 %	28.4%
	Good	Count	13	20	14	12	10	69
		% within School year	56.5 %	80.0%	63.6%	48.0%	71.4 %	63.3%
	Fair	Count	3	1	2	1	2	9
		% within School year	13.0 %	4.0%	9.1%	4.0%	14.3 %	8.3%
	Total	Count	23	25	22	25	14	109
Female	Excell-ent	Count	1	5	2	6	4	18
		% within School year	3.3%	17.2%	8.0%	24.0%	13.8 %	13.0%
	Good	Count	27	22	21	16	25	111
		% within School year	90.0 %	75.9%	84.0%	64.0%	86.2 %	80.4%
	Fair	Count	2	2	2	2	0	8
		% within School year	6.7%	6.9%	8.0%	8.0%	0.0%	5.8%
	Poor	Count	0	0	0	1	0	1
		% within School year	0.0%	0.0%	0.0%	4.0%	0.0%	0.7%
		Count	30	29	25	25	29	138

Body Image.

Table 18 and Figure 4 describe the perceptions of body shape according to gender. Boys were twice as likely to consider themselves to be thin and girls were more likely to perceive themselves as fat. Approximately equal numbers of both sexes regarded themselves as about the right size.

Table 18

Cross tabulation of Body Shape According to Gender

			Male	Female	Total
Body shape	Much too thin	Count	1	0	1
		% within Gender	0.9%	0.0%	.4%
	A bit too thin	Count	20	11	31
		% within Gender	18.3%	8.0%	12.6%
	About the right size	Count	65	83	148
		% within Gender	59.6%	60.1%	59.9%
	A bit too fat	Count	21	40	61
		% within Gender	19.3%	29.0%	24.7%
	Much too fat	Count	2	4	6
		% within Gender	1.8%	2.9%	2.4%
Total		Count	109	138	247

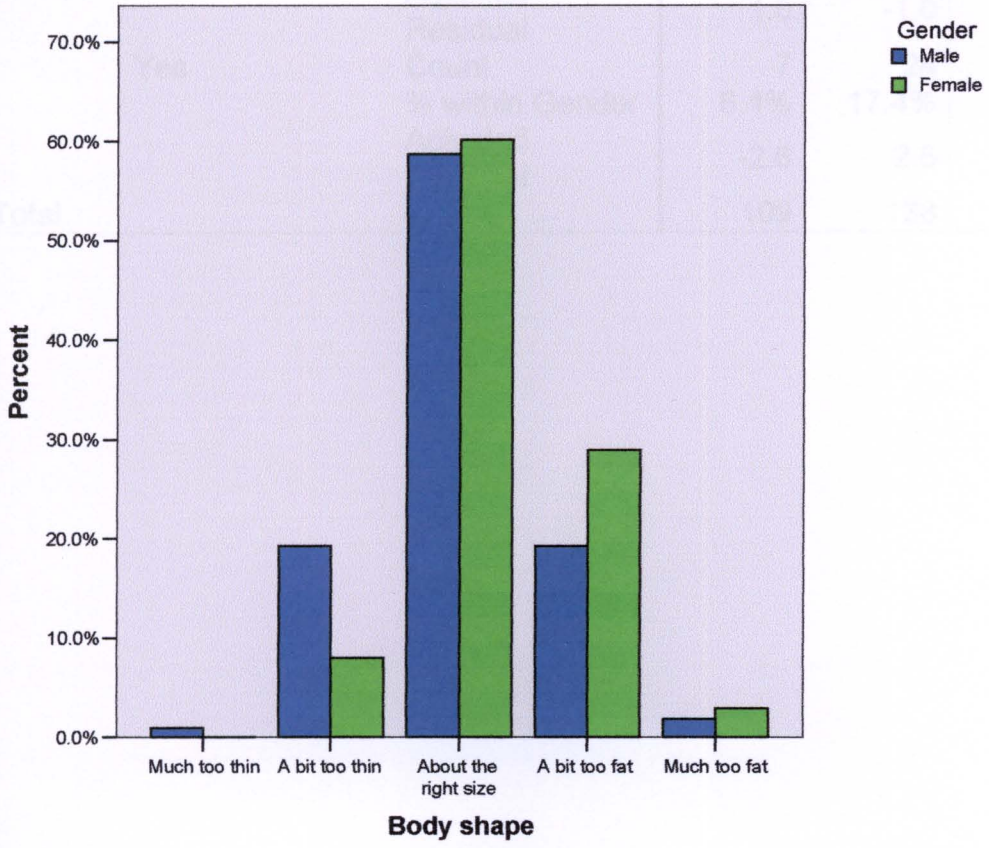

Figure 4. Comparison of opinions on body shape according to gender.

Trying to lose weight.

Table 19 and Figure 5 show responses to the question about trying to lose weight according to gender. Some responses have statistical significance as shown in Tables 20 and 21. In particular, girls were much less likely to consider their weight as fine and more likely to be on a diet, than boys.

Table 19

Cross Tabulation of Efforts to Lose Weight According to Gender

			Gender		Total
			Male	Female	
Trying to lose weight?	No, weight is fine	Count	67	58	125
		% within Gender	61.5%	42.0%	50.6%
		Adjusted Residual	3.0	-3.0	
	No, but need to lose weight	Count	23	46	69
		% within Gender	21.1%	33.3%	27.9%
		Adjusted Residual	-2.1	2.1	
	No, need to put on weight	Count	12	10	22
		% within Gender	11.0%	7.2%	8.9%
		Adjusted Residual	1.0	-1.0	
	Yes	Count	7	24	31
		% within Gender	6.4%	17.4%	12.6%
		Adjusted Residual	-2.6	2.6	
Total		Count	109	138	247

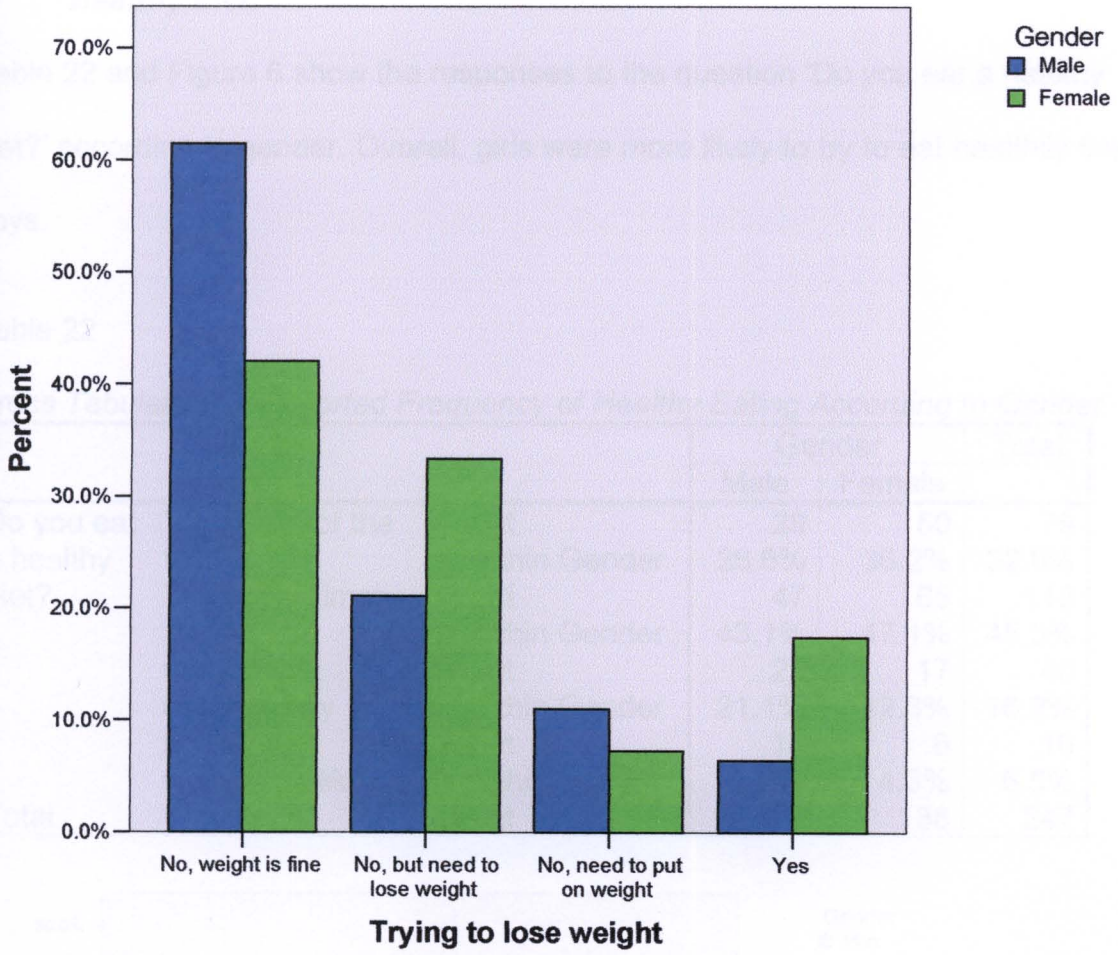

Figure 5. Comparison of efforts to lose weight according to gender.

Table 20

Chi-Square Tests on Efforts to Lose Weight According to Gender

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.616(a)	3	.002
Likelihood Ratio	15.091	3	.002
Linear-by-Linear Association	8.023	1	.005
N of Valid Cases	247		

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 9.71.

Table 21

Symmetric Measures on Efforts to Lose Weight According to Gender

		Value	Approx. Sig.
Nominal by Nominal	Cramer's V	.243	.002
N of Valid Cases		247	

a Not assuming the null hypothesis.
b Using the asymptotic standard error assuming the null hypothesis.

Healthy diet.

Table 22 and Figure 6 show the responses to the question 'Do you eat a healthy diet?' according to gender. Overall, girls were more likely to try to eat healthily than boys.

Table 22

Cross Tabulation of Reported Frequency of Healthy Eating According to Gender

			Gender		Total
			Male	Female	
Do you eat a healthy diet?	Yes, most of the time	Count	29	50	79
		% within Gender	26.6%	36.2%	32.0%
	Yes, sometimes	Count	47	65	112
		% within Gender	43.1%	47.1%	45.3%
	Only occasionally	Count	23	17	40
		% within Gender	21.1%	12.3%	16.2%
	No, I eat whatever I like	Count	10	6	16
		% within Gender	9.2%	4.3%	6.5%
Total		Count	109	138	247

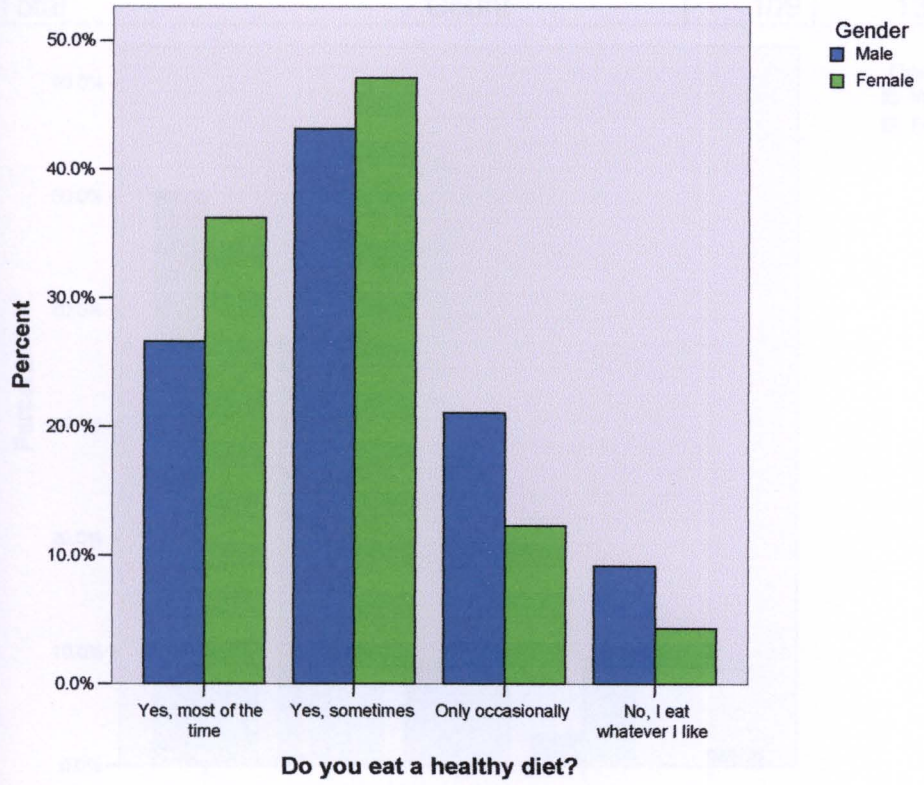

Figure 6. Comparison of reported frequency of healthy eating according to gender.

Frequency of exercise.

Table 23 and Figure 7 show the responses to the question about the frequency of vigorous exercise according to gender. Boys were much more likely to exercise daily and girls were more likely to exercise less than once a week.

Table 23

Cross Tabulation of Frequency of Vigorous Exercise According to Gender

			Gender		Total
			Male	Female	
Frequency of exercise	Every day	Count	55	42	97
		% within Gender	50.5%	30.4%	39.3%
	More than once a week	Count	41	63	104
		% within Gender	37.6%	45.7%	42.1%
	Once a week	Count	10	18	28
		% within Gender	9.2%	13.0%	11.3%
	Less than once a week	Count	3	13	16
		% within Gender	2.8%	9.4%	6.5%
	Never	Count	0	2	2
		% within Gender	0.0%	1.4%	.8%
Total		Count	109	138	247

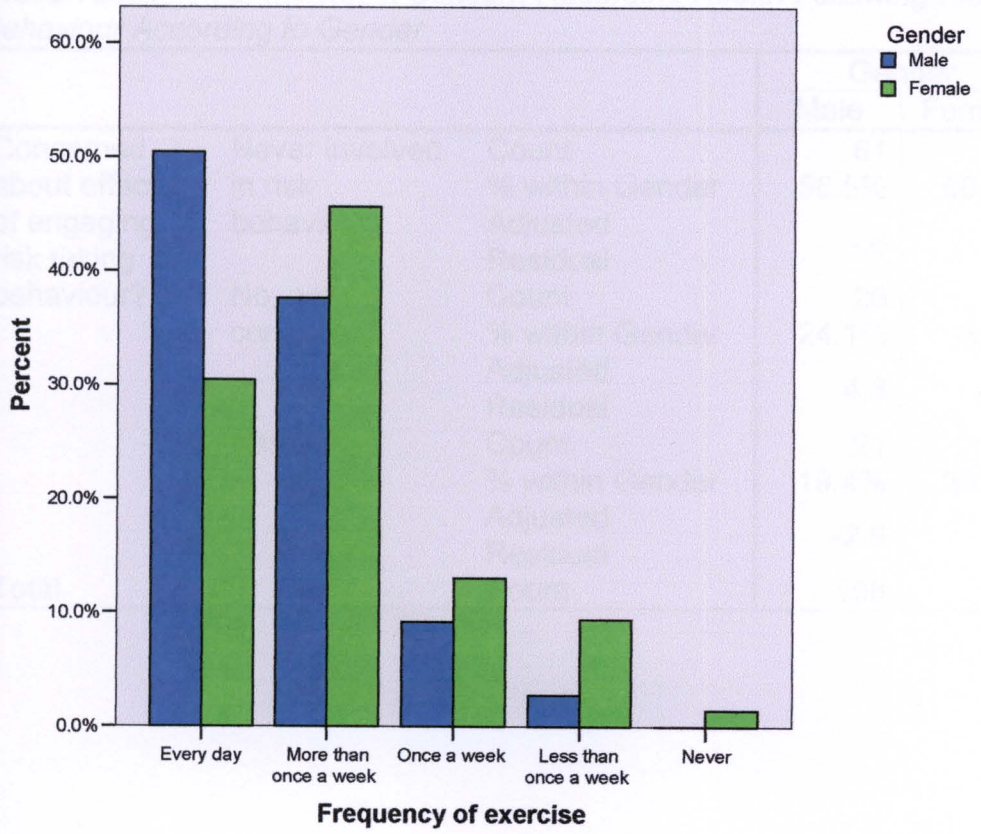

Figure 7. Comparison of frequency of vigorous exercise according to gender.

Concern about the health implications of engaging in risk taking behaviours.

Table 24 and Figure 8 compare the responses between genders to the question 'Have you ever been worried about possible effects on your health after engaging in risk taking behaviours?' Girls were slightly less likely to have been engaged in risk taking behaviours but the difference was small. However, girls were far more likely to be concerned about the health implications of risk taking behaviour than boys and this has some statistical significance as shown in Tables 25 and 26. Figure 9 depicts responses to the same question according to school year. Predictably the incidence of engaging in risk taking behaviour generally increases with age. Concern also appears to increase with age apart from within the year 10 sample.

Table 24

Cross Tabulation of Individual Concern Regarding Health Following Risk Taking Behaviour According to Gender

			Gender		Total
			Male	Female	
Concerned about effects of engaging in risk taking behaviour?	Never involved in risk behaviour	Count	61	83	144
		% within Gender	56.5%	60.1%	58.5%
		Adjusted Residual	-.6	.6	
	No, not concerned	Count	26	5	31
		% within Gender	24.1%	3.6%	12.6%
		Adjusted Residual	4.8	-4.8	
	Yes	Count	21	50	71
		% within Gender	19.4%	36.2%	28.9%
		Adjusted Residual	-2.9	2.9	
Total		Count	108	138	246

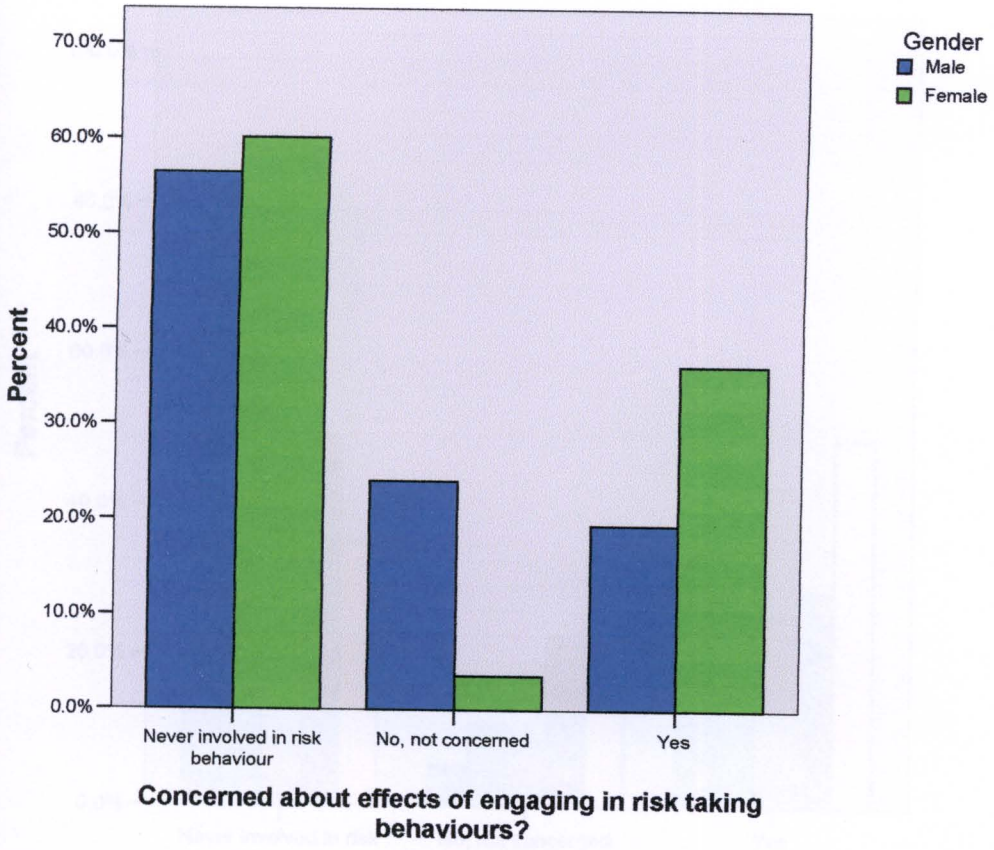

Figure 8. Comparison of concern about the effects of engaging in risk taking behaviour between genders.

Table 25

Chi-Square Test for Concern Regarding Health Following Risk Taking Behaviour According to Gender

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	26.163(a)	2	.000
Likelihood Ratio	27.489	2	.000
Linear-by-Linear Association	1.322	1	.250
N of Valid Cases	246		

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 13.61.

Table 26

Symmetric Measures for Concern Regarding Health Following Risk Taking Behaviour According to Gender

		Value	Approx. Sig.
Nominal by Nominal	Cramer's V	.268	.000
N of Valid Cases		246	

a Not assuming the null hypothesis.
b Using the asymptotic standard error assuming the null hypothesis.

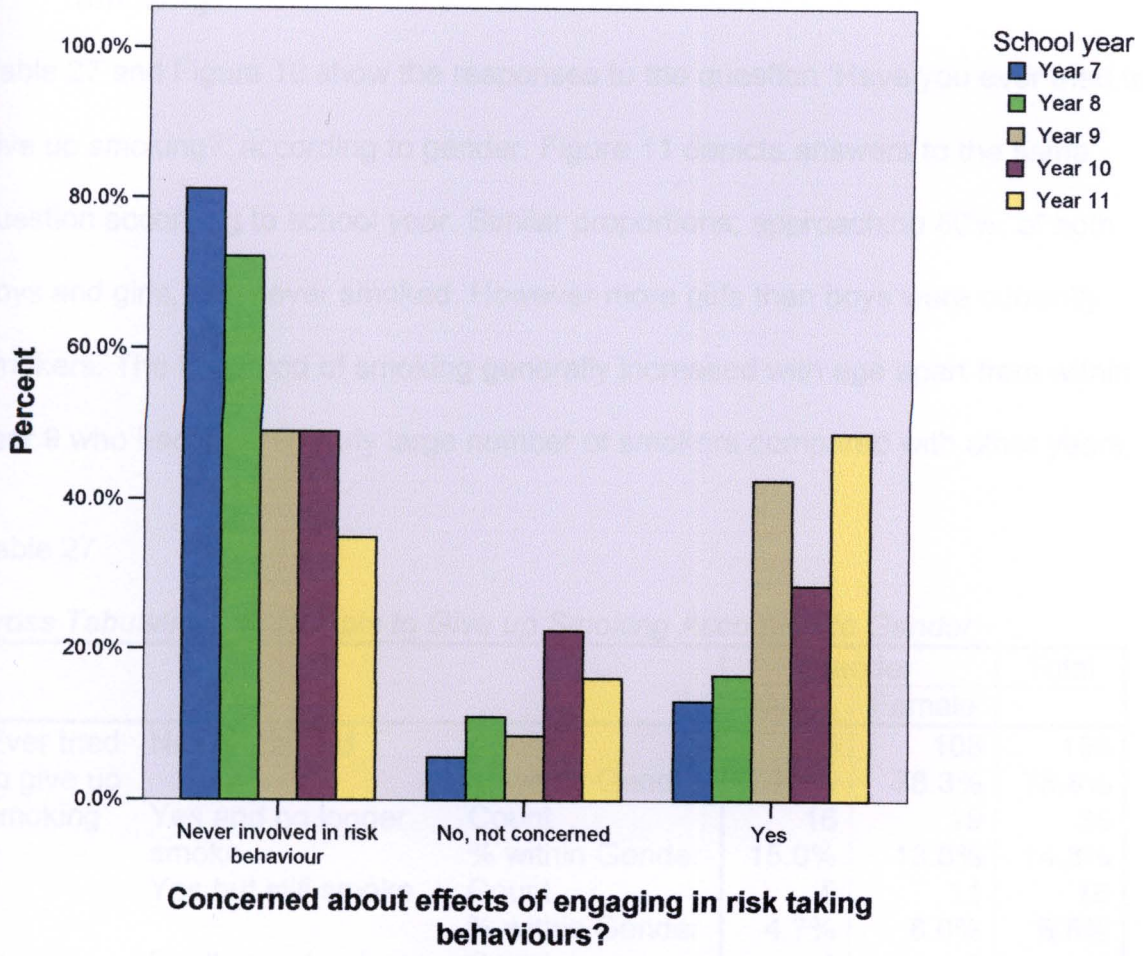

Figure 9. Comparison of concerns about effects on health of engaging in risk taking behaviours according to school year.

Smoking.

Table 27 and Figure 10 show the responses to the question 'Have you ever tried to give up smoking?' according to gender. Figure 11 depicts answers to the same question according to school year. Similar proportions, approaching 80%, of both boys and girls, had never smoked. However more girls than boys were currently smokers. The likelihood of smoking generally increased with age apart from within year 9 who had a particularly large number of smokers compared with other years.

Table 27

Cross Tabulation of Attempts to Give up Smoking According to Gender

			Gender		Total
			Male	Female	
Ever tried to give up smoking	Never smoked	Count	85	108	193
		% within Gender	79.4%	78.3%	78.8%
	Yes and no longer smoke	Count	16	19	35
		% within Gender	15.0%	13.8%	14.3%
	Yes but still smoke	Count	5	11	16
		% within Gender	4.7%	8.0%	6.5%
	Don't want to give up smoking	Count	1	0	1
		% within Gender	0.9%	0.0%	.4%
Total		Count	107	138	245

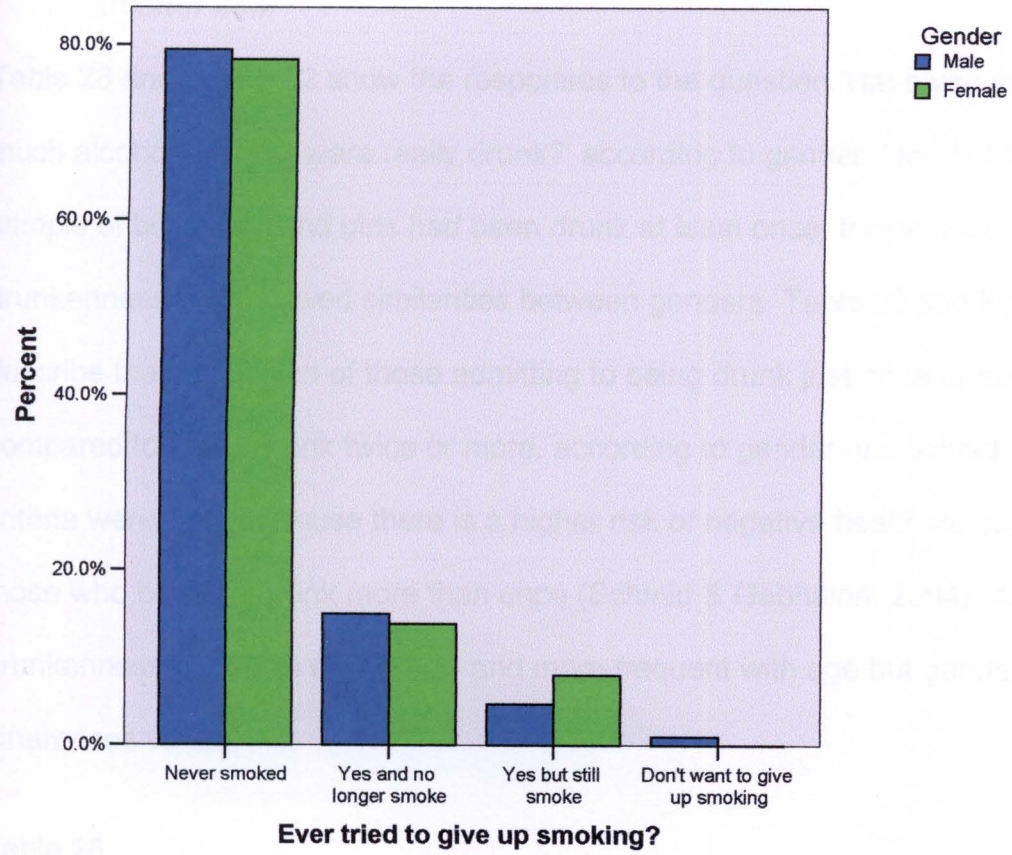

Figure 10. Comparison of attempts to give up smoking by gender.

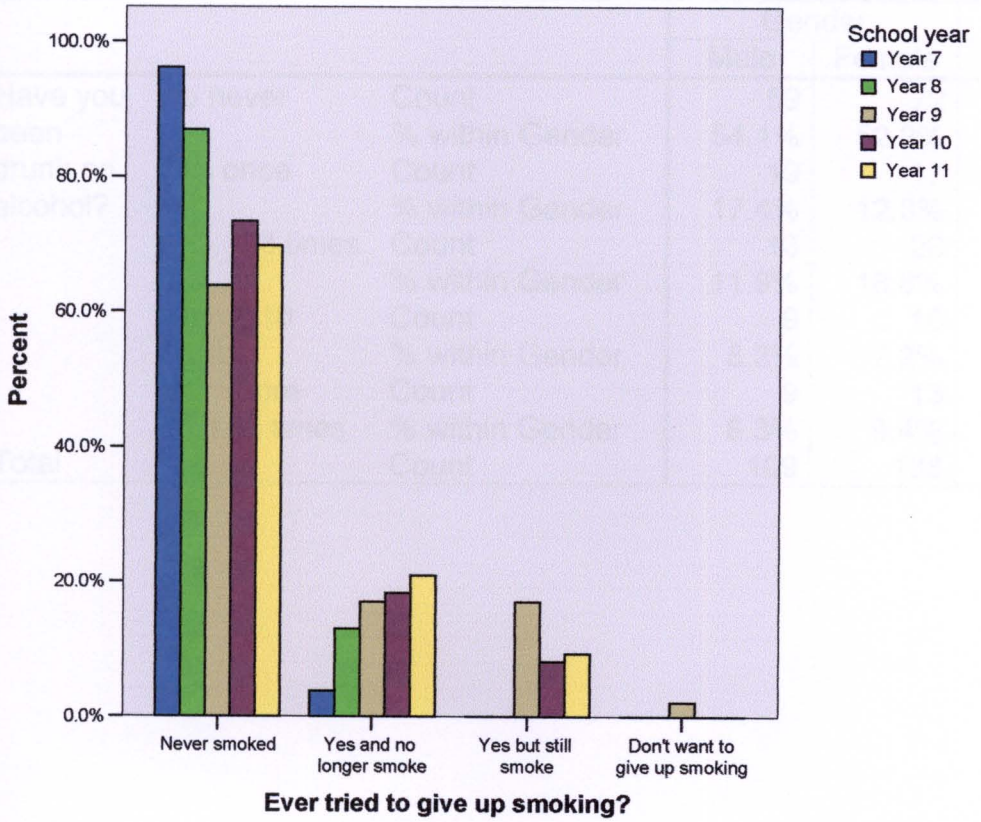

Figure 11. Comparison of attempts to give up smoking by school year

Alcohol use.

Table 28 and Figure 12 show the responses to the question 'Have you ever had so much alcohol that you were really drunk?' according to gender. Nearly 50% of the sample of both boys and girls had been drunk at least once. Incidence of drunkenness also showed similarities between genders. Table 29 and Figure 13 describe the distribution of those admitting to being drunk just once or never compared to those drunk twice or more, according to gender and school year. These criteria were used because there is a higher risk of negative health outcomes for those who become drunk more than once (Schmid & Gabhainn, 2004). As expected, drunkenness becomes more likely and more frequent with age but gender differences varied.

Table 28

Cross Tabulation of Frequency of Drunkenness According to Gender

			Gender		Total
			Male	Female	
Have you been drunk on alcohol?	No never	Count	59	72	131
		% within Gender	54.1%	52.2%	53.0%
	Yes once	Count	19	17	36
		% within Gender	17.4%	12.3%	14.6%
	Yes, 2-3 times	Count	13	26	39
		% within Gender	11.9%	18.8%	15.8%
	Yes, 4-10 times	Count	9	10	19
		% within Gender	8.3%	7.2%	7.7%
	Yes, more than 10 times	Count	9	13	22
		% within Gender	8.3%	9.4%	8.9%
Total		Count	109	138	247

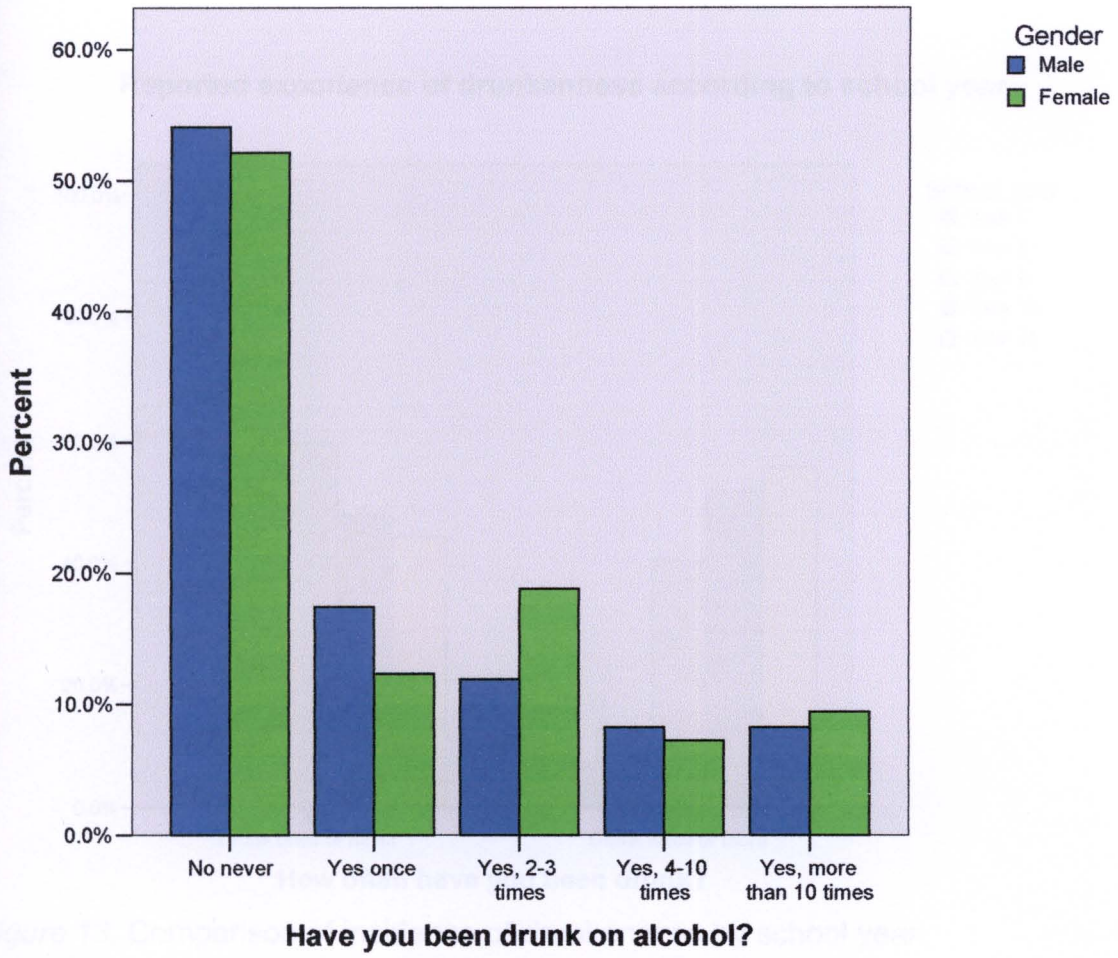

Figure 12. Comparison of incidence of drunkenness by gender.

Table 29

Cross Tabulation of Frequency of Drunkenness by School Year and Gender

Gender			School year					Total
			Year 7	Year 8	Year 9	Year 10	Year 11	
Male	Drunk once or never	Count	23	21	15	13	6	78
		% within School year	100.0%	84.0%	68.2%	52.0%	42.9%	71.6%
	Drunk twice or more	Count	0	4	7	12	8	31
		% within School year	0.0%	16.0%	31.8%	48.0%	57.1%	28.4%
		Count	23	25	22	25	14	109
Female	Drunk once or never	Count	26	26	13	11	13	89
		% within School year	86.7%	89.7%	52.0%	44.0%	44.8%	64.5%
	Drunk twice or more	Count	4	3	12	14	16	49
		% within School year	13.3%	10.3%	48.0%	56.0%	55.2%	35.5%
		Count	30	29	25	25	29	138

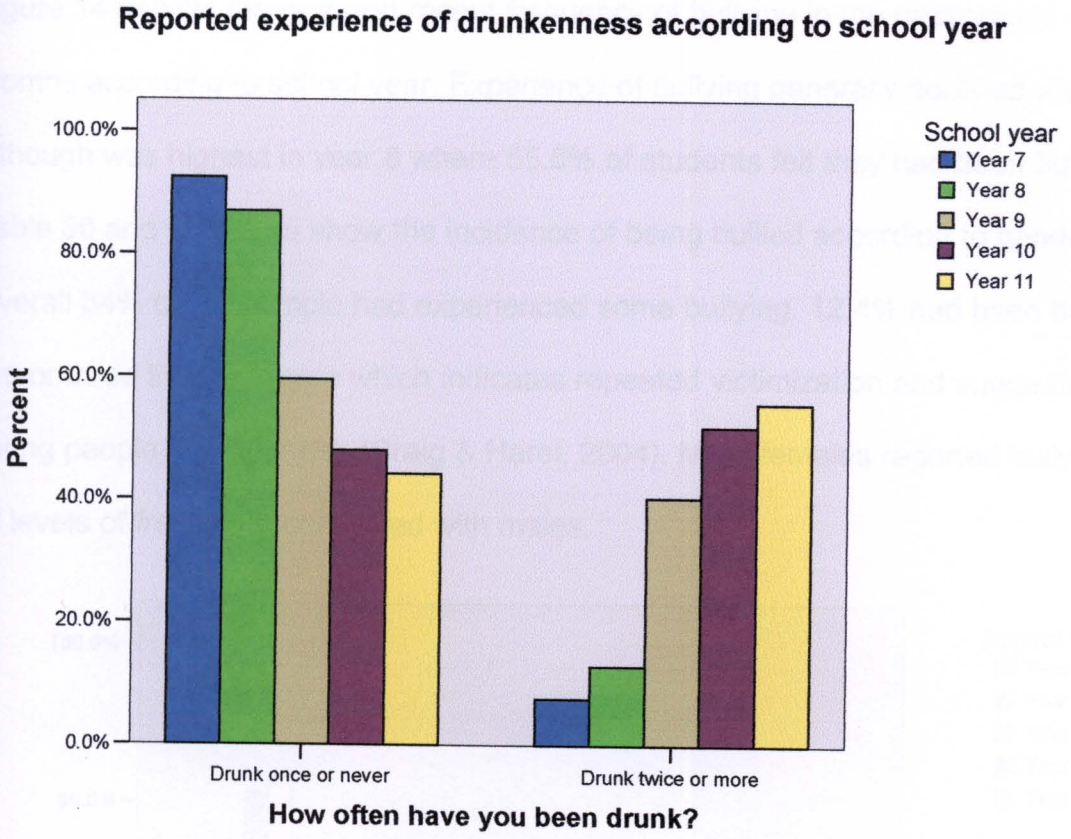

Figure 13. Comparison of incidence of drunkenness by school year.

Bullying.

Figure 14 depicts the reported recent frequency of bullying in the past couple of months according to school year. Experience of bullying generally declined with age, although was highest in year 8 where 55.6% of students felt they had been bullied. Table 30 and Figure 15 show the incidence of being bullied according to gender. Overall 34% of the sample had experienced some bullying. 12.4% had been bullied two or three times or more which indicates repeated victimization and suggests young people at higher risk (Craig & Harel, 2004). More females reported bullying at all levels of frequency compared with males.

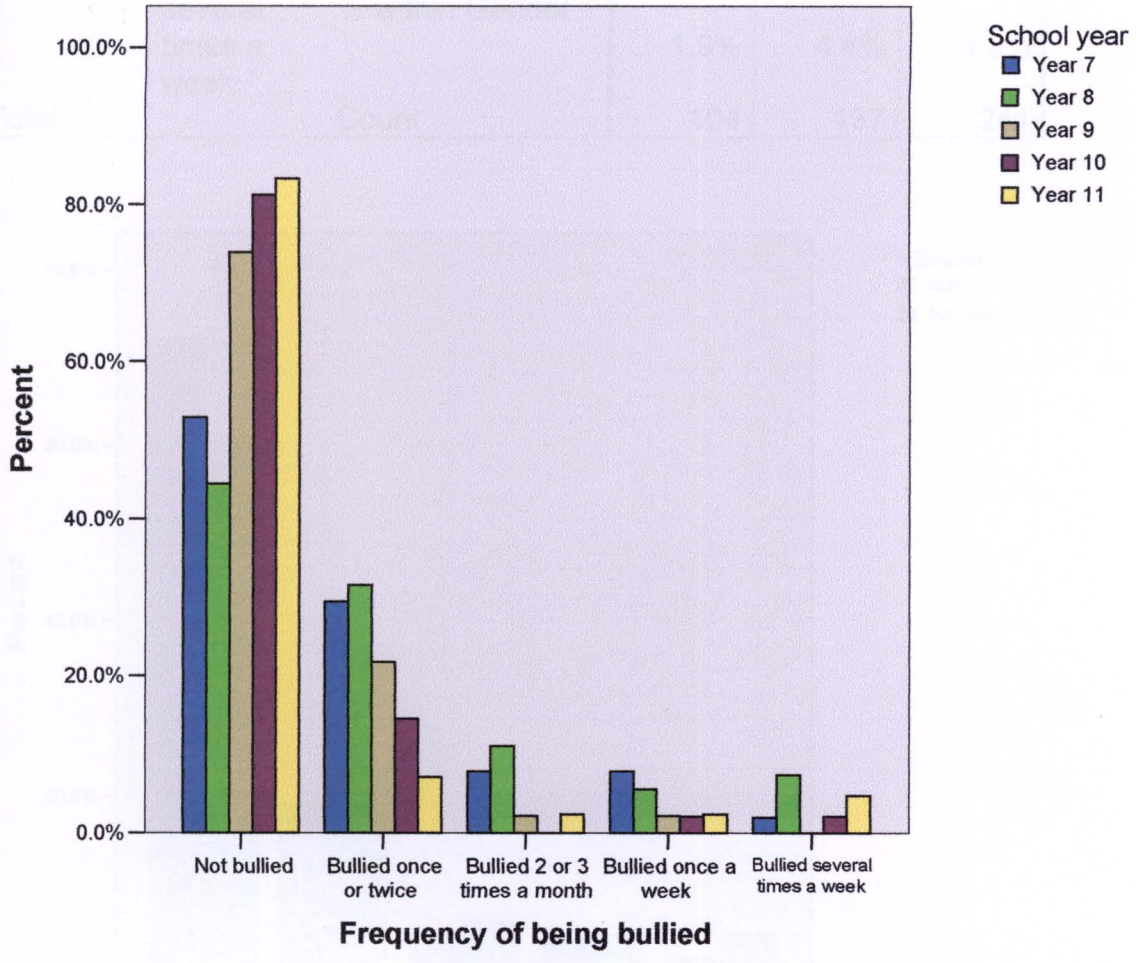

Figure 14. Comparison of frequency of being bullied according to school year.

Table 30

Frequency of Being Bullied According to Gender

			Gender		Total
			Male	Female	
Frequency of being bullied in past couple of months	Not bullied	Count	75	84	159
		% within Gender	72.1%	61.3%	66.0%
	Bullied once or twice	Count	20	32	52
		% within Gender	19.2%	23.4%	21.6%
	Bullied 2 or 3 times a month	Count	3	9	12
		% within Gender	2.9%	6.6%	5.0%
	Bullied once a week	Count	4	6	10
		% within Gender	3.8%	4.4%	4.1%
	Bullied several times a week	Count	2	6	8
		% within Gender	1.9%	4.4%	3.3%
Total		Count	104	137	241

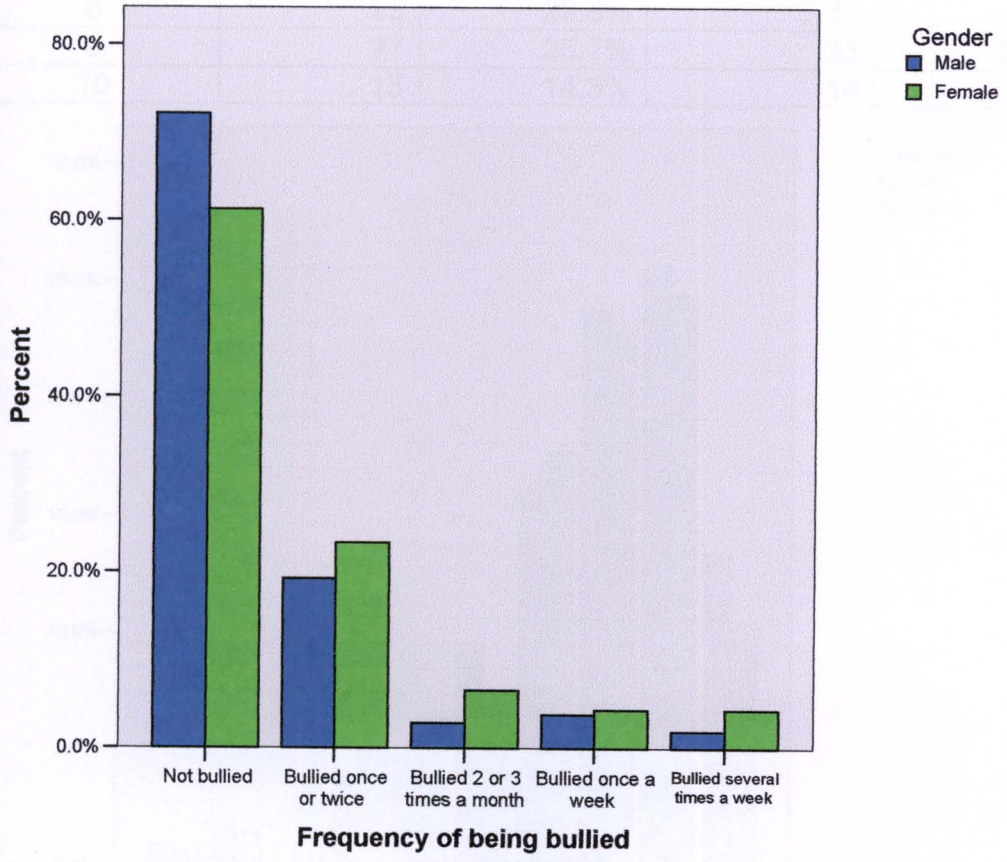

Figure 15. Comparison of frequency of being bullied according to gender.

Satisfaction with life.

Table 31 and Figure16 show the responses to current satisfaction with life according to gender. The HBSC survey uses a score of 6 or more to suggest high satisfaction (Torsheim et al., 2004) Only 14.6% of this sample fell below this level but of these 17.8% were girls and only 10.5% boys.

Table 31

Cross Tabulation of Life Satisfaction by Gender

Life satisfaction rating	Male		Female	
	Count	%	Count	%
0	0	0.0%	1	0.7%
1	0	0.0%	0	0.0%
2	2	1.9%	2	1.5%
3	0	0.0%	5	3.7%
4	4	3.8%	7	5.2%
5	5	4.8%	9	6.7%
6	10	9.5%	9	6.7%
7	17	16.2%	24	17.8%
8	25	23.8%	31	23%
9	27	25.7%	33	24.4%
10	15	14.3%	14	10.4%

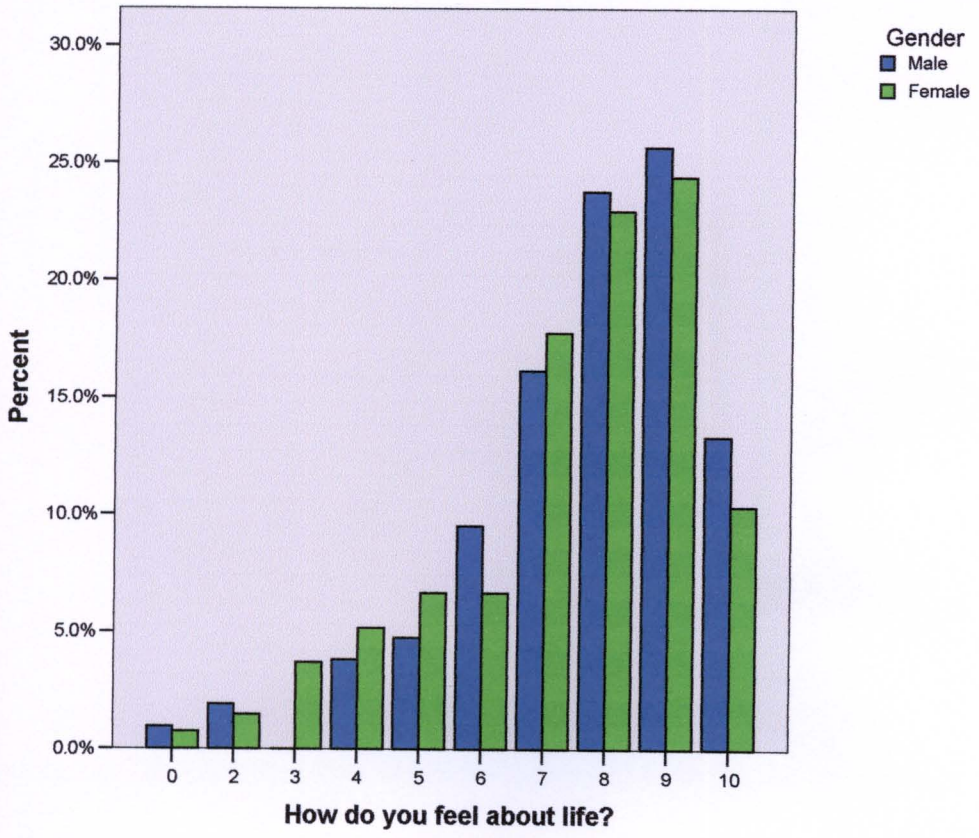

Figure 16. Comparison of life satisfaction according to gender.

Subjective health complaints.

Tables 32 to 36 and Figures 17 to 21 show the responses to the questions regarding the frequency of somatic symptoms. For most health complaints girls reported a higher frequency than boys apart from feeling occasionally low or nervous and frequently irritable. (A symptom is considered frequent when it occurs more than once a week [Torsheim et al., 2004]). Table 37 shows the incidence of multiple (2 or more) symptoms occurring frequently between genders.

Table 37

Cross Tabulation of Incidence of Multiple Symptoms Occurring Frequently

Incidence of frequent multiple symptoms	Gender		
	Male	Female	Total
Count	16	36	52
% within gender	16%	27.5%	22.5%

Table 32

Cross Tabulation of Frequency of Headaches by Gender

			Gender		Total
			Male	Female	
Headache	About every day	Count	5	10	15
		% within Gender	5.0%	7.6%	6.5%
	More than once a week	Count	6	23	29
		% within Gender	5.9%	17.6%	12.5%
	About every week	Count	18	30	48
		% within Gender	17.8%	22.9%	20.7%
	About every month	Count	24	34	58
		% within Gender	23.8%	26.0%	25.0%
	Hardly ever or never	Count	48	34	82
		% within Gender	47.5%	26.0%	35.3%
Total		Count	101	131	232

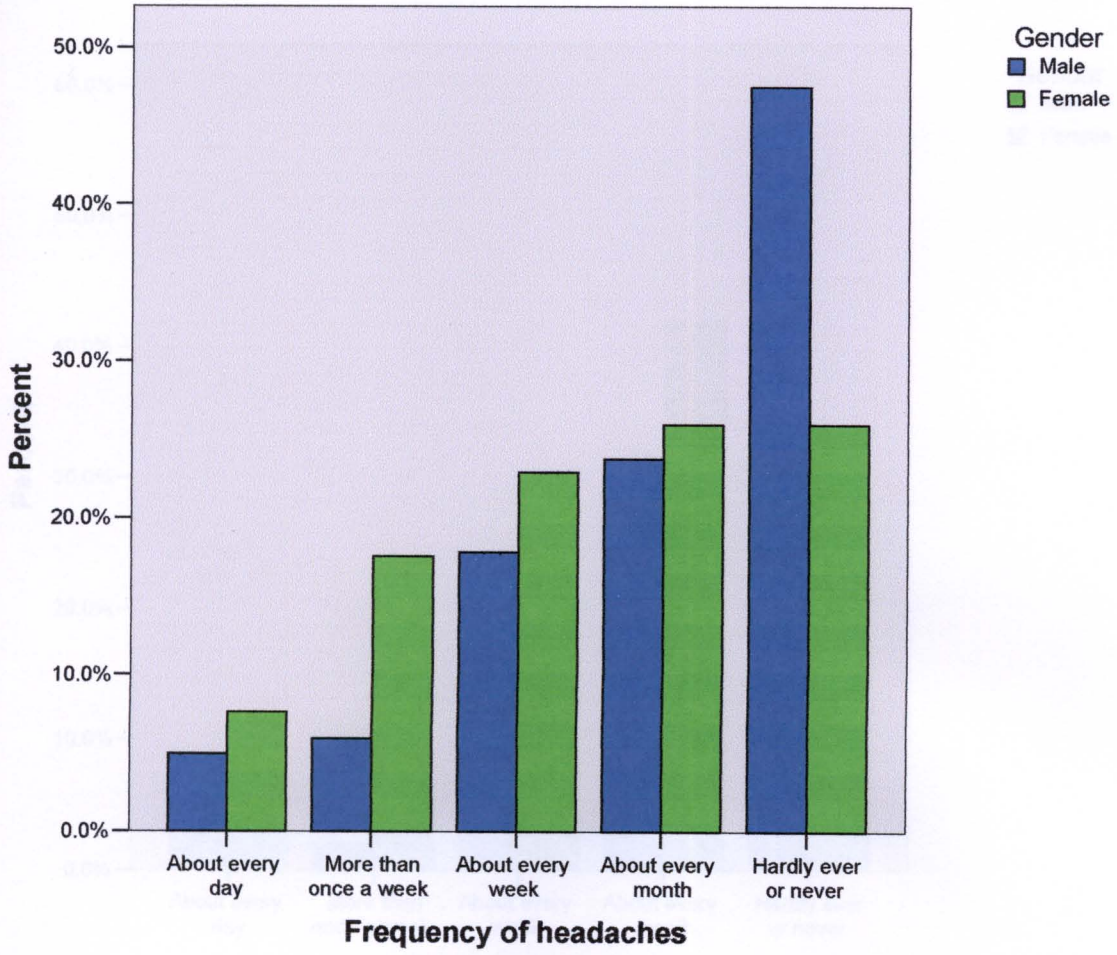

Figure 17.Comparison of reported frequency of headaches by gender.

Table 33

Cross Tabulation of Frequency of Stomach Ache by Gender

			Gender		Total
			Male	Female	
Stomach ache	About every day	Count	4	7	11
		% within Gender	3.9%	5.3%	4.7%
	More than once a week	Count	2	8	10
		% within Gender	2.0%	6.1%	4.3%
	About every week	Count	17	24	41
		% within Gender	16.7%	18.3%	17.6%
	About every month	Count	25	56	81
		% within Gender	24.5%	42.7%	34.8%
	Hardly ever or never	Count	54	36	90
		% within Gender	52.9%	27.5%	38.6%
Total		Count	102	131	233

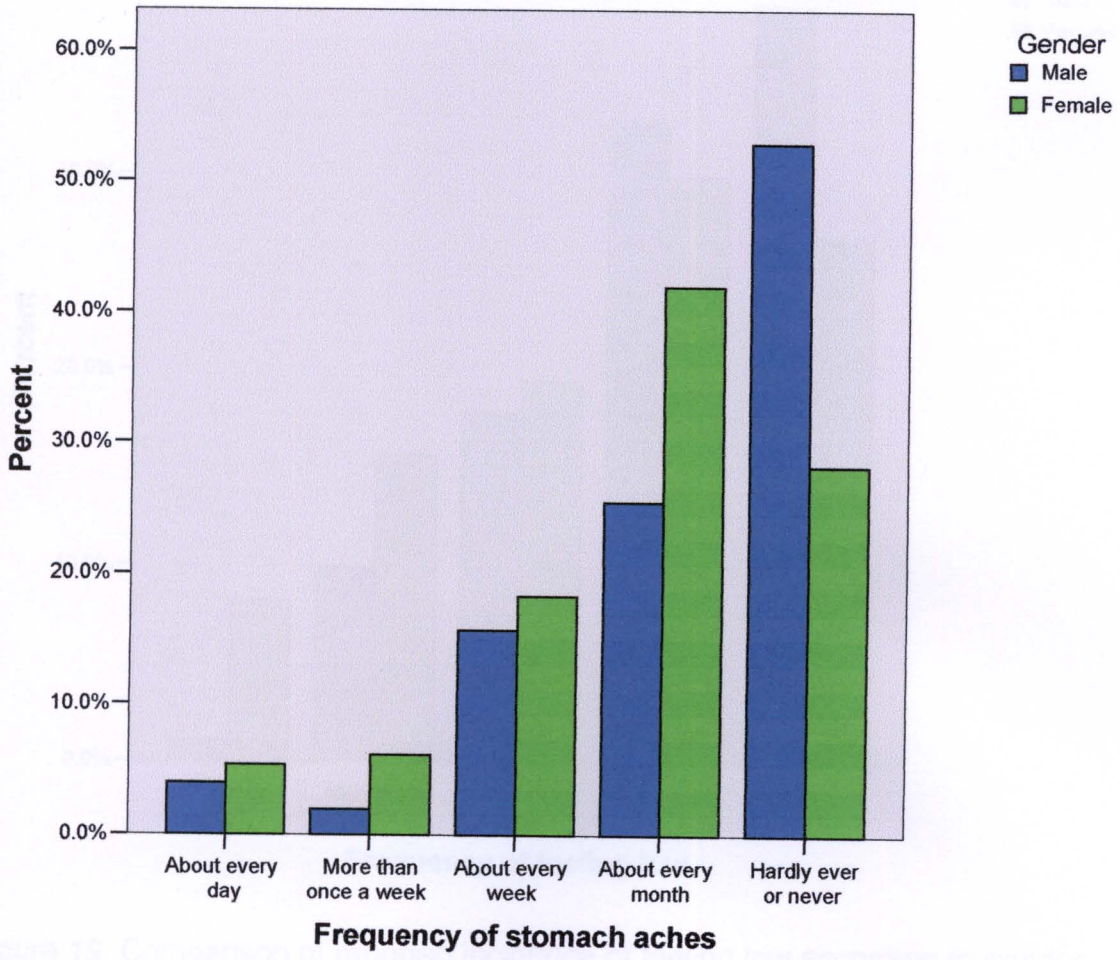

Figure 18. Comparison of reported incidence of stomach aches by gender.

Table 34

Cross Tabulation of Frequency of Feeling Low by Gender

			Gender		Total
			Male	Female	
Feeling low	About every day	Count	1	11	12
		% within Gender	1.0%	8.2%	5.1%
	More than once a week	Count	11	21	32
		% within Gender	10.9%	15.7%	13.6%
	About every week	Count	17	26	43
		% within Gender	16.8%	19.4%	18.3%
	About every month	Count	33	40	73
		% within Gender	32.7%	29.9%	31.1%
	Hardly ever or never	Count	39	36	75
		% within Gender	38.6%	26.9%	31.9%
Total		Count	101	134	235

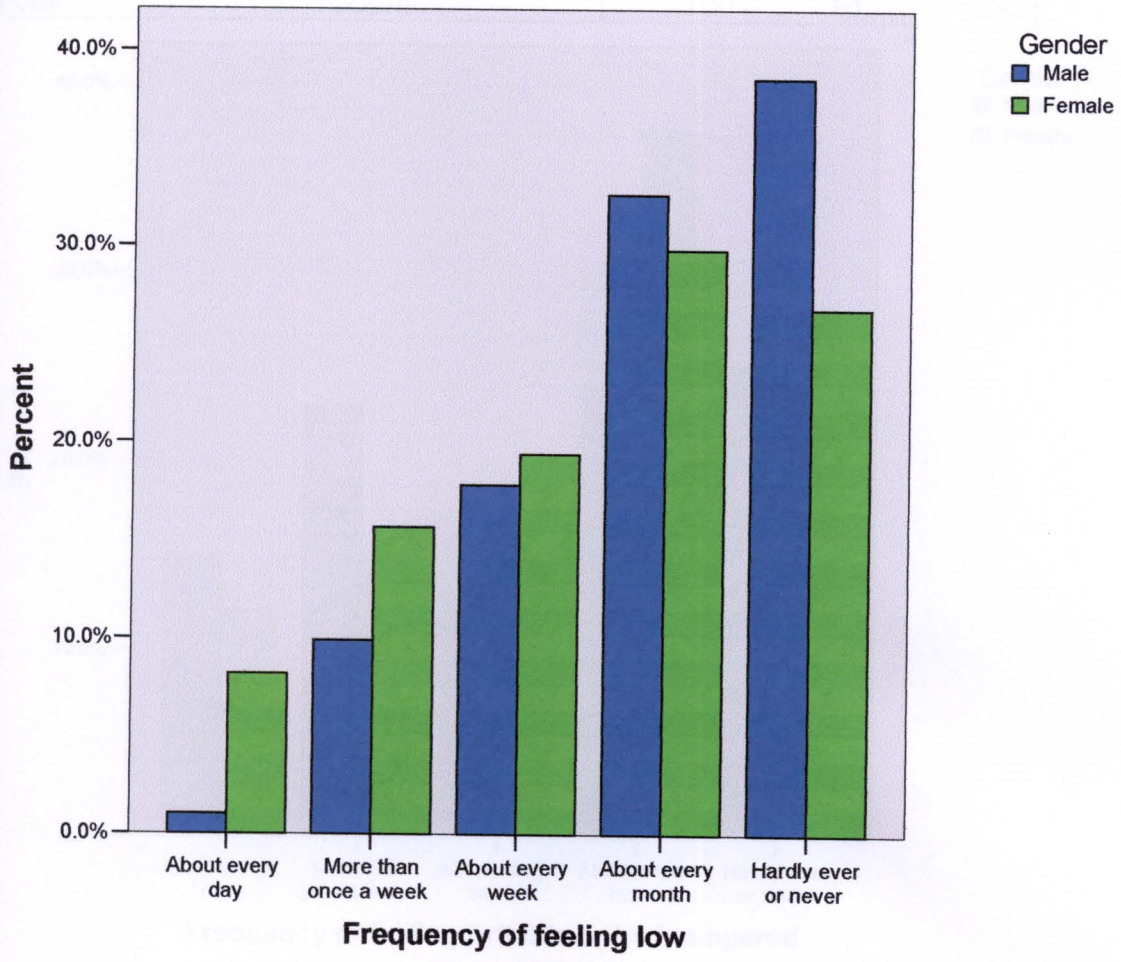

Figure 19. Comparison of reported incidence of feeling low according to gender.

Table 35

Cross Tabulation of Frequency of Irritability or Bad Temper by Gender

			Gender		Total
			Male	Female	
Irritable	About every day	Count	15	16	31
		% within Gender	15.0%	12.0%	13.3%
	More than once a week	Count	23	19	42
		% within Gender	23.0%	14.3%	18.0%
	About every week	Count	13	21	34
		% within Gender	13.0%	15.8%	14.6%
	About every month	Count	24	49	73
		% within Gender	24.0%	36.8%	31.3%
	Hardly ever or never	Count	25	28	53
		% within Gender	25.0%	21.1%	22.7%
Total		Count	100	133	233

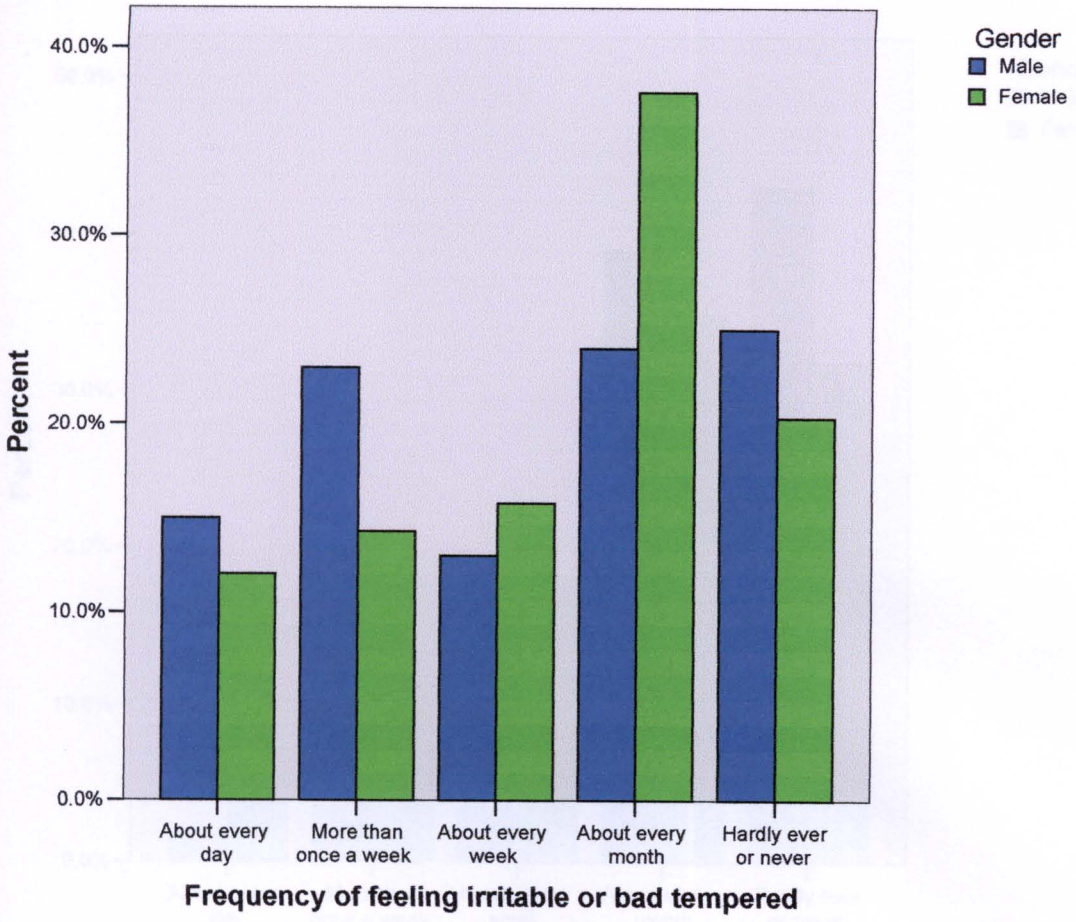

Figure 20. Comparison of reported incidence of irritability or bad temper according to gender.

Table 36

CrossTabulation of Frequency of Feeling Nervous by Gender

			Gender		Total
			Male	Female	
Nervous	About every day	Count	2	5	7
		% within Gender	2.0%	3.8%	3.0%
	More than once a week	Count	8	15	23
		% within Gender	8.0%	11.4%	9.9%
	About every week	Count	8	24	32
		% within Gender	8.0%	18.2%	13.8%
	About every month	Count	39	46	85
		% within Gender	39.0%	34.8%	36.6%
	Hardly ever or never	Count	43	42	85
		% within Gender	43.0%	31.8%	36.6%
Total		Count	100	132	232

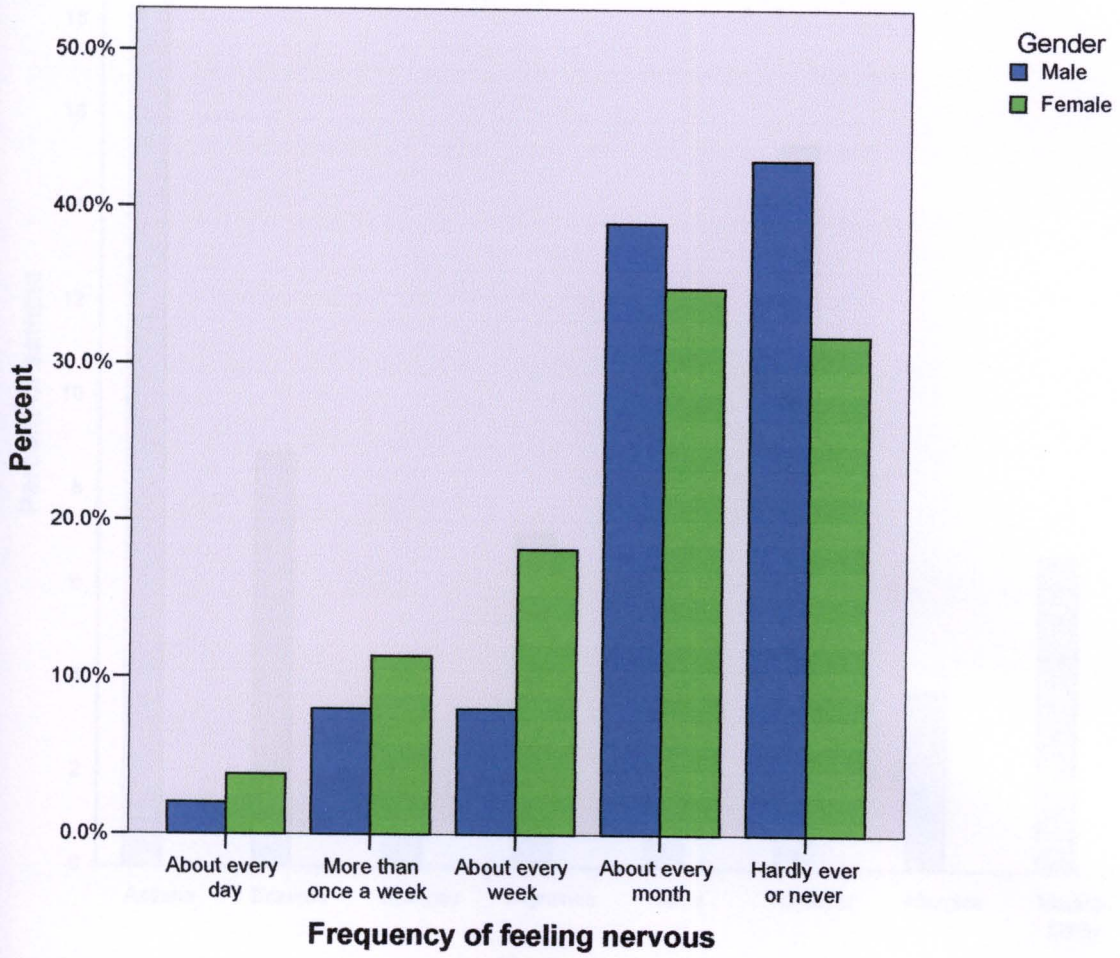

Figure 21. Comparison of reported frequency of feeling nervous by gender.

Medical Conditions.

Table 38 and Figure 22 depict the reported incidence of medical conditions within the sample. Asthma is the most common condition closely followed by hay fever and eczema. Migraines were fairly common, occurring in nearly 7% of the sample but acne was fairly infrequent with an incidence of only 3%.

Table 38

Incidence of Medical Conditions

	Asthma	Eczema	Epilepsy	Migraine	Acne	Hay fever	Allergies	Med Other
Count	44	21	2	17	8	37	9	16
% of valid sample	18.3%	8.8%	0.8%	7.1%	3.3%	15.4%	3.8%	6.7%

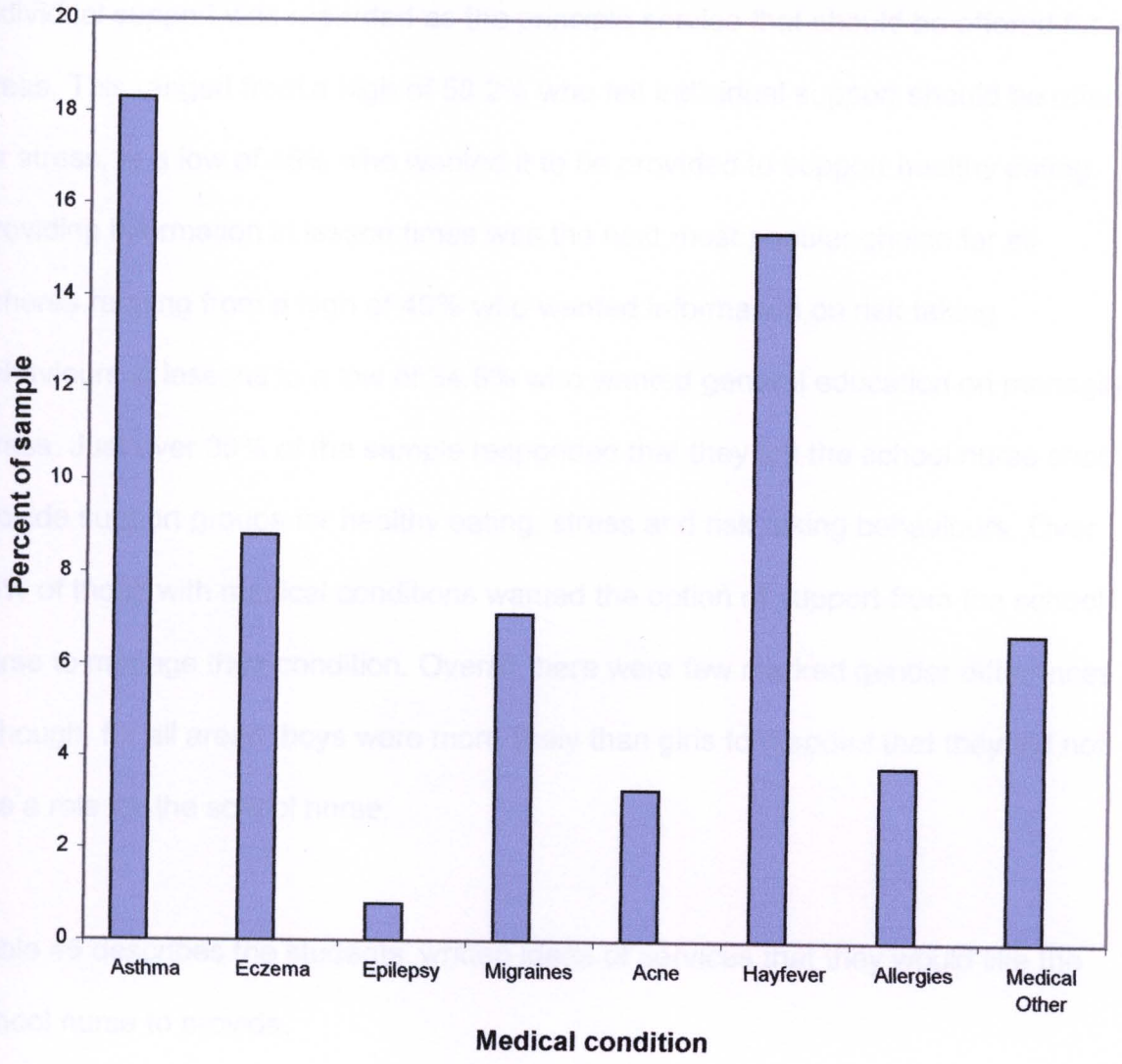

Figure 22. Comparative incidence of medical conditions.

Role of the school nurse.

Tables 39 to 44 show the responses to the questions that asked the students what they thought the role of the school nurse should be in relation to meeting their health needs in the areas of healthy eating, exercise, risk taking behaviour, stress and support for medical conditions. Most students thought the school nurse had a role to play in all of these areas, although fewer considered the school nurse had a role to play in facilitating exercise compared with the other domains. 35.4% responded that promoting exercise was not the role of the school nurse compared with only 5.3 to 11.8% making this response with regard to the other aspects of health.

Individual support was regarded as the principle service that should be offered for all areas. This ranged from a high of 58.2% who felt individual support should be offered for stress, to a low of 45% who wanted it to be provided to support healthy eating. Providing information in lesson times was the next most popular choice for all spheres ranging from a high of 49% who wanted information on risk taking behaviours in lessons to a low of 34.5% who wanted general education on managing stress. Just over 30% of the sample responded that they felt the school nurse should provide support groups for healthy eating, stress and risk taking behaviours. Over 75% of those with medical conditions wanted the option of support from the school nurse to manage their condition. Overall there were few marked gender differences, although, for all areas, boys were more likely than girls to respond that they did not see a role for the school nurse.

Table 45 describes the students' written ideas of services that they would like the school nurse to provide.

Table 39

Case Summaries for Student Response about the Role of the School Nurse

	Valid responses		Missing Responses	
	No	%	No	%
Healthy eating	246	99.6%	1	0.4%
Stress reduction	238	96.4%	9	3.6%
Risk behaviour	244	98.8%	3	1.2%
Medical conditions	238	96.4%	9	3.6%
Exercise	246	99.6%	1	0.4%

Table 40

Cross Tabulation of Student Opinion About the Role of the School Nurse in Promoting Healthy Eating by Gender

			Gender		Total
			Male	Female	
School nurse role in healthy eating	Individual advice on healthy eating	Count	46	65	111 (45% of valid sample)
		% within Sex	25.6%	22.6%	
	Information in lessons	Count	40	61	101 (41% of valid sample)
		% within Sex	22.2%	21.3%	
	Run healthy food clubs	Count	23	31	54 (22% of valid sample)
		% within Sex	12.8%	10.8%	
	Run support groups	Count	33	54	88 (35.8% of valid sample)
		% within Sex	18.3%	18.8%	
	Work with catering staff	Count	23	58	81 (33% of valid sample)
		% within Sex	12.8%	20.2%	
	Student idea for school nurse role	Count	4	16	20 (8.1% of valid sample)
		% within Sex	2.2%	5.6%	
	Promoting healthy eating not SN role	Count	11	2	13 (5.3% of valid sample)
		% within Sex	6.1%	0.7%	

Percentages and totals are based on responses.

Table 41

Cross Tabulation of Student Opinion about the Role of the School Nurse in Helping Young People to Exercise According to Gender

			Gender		Total
			Male	Female	
Should the school nurse help young people to exercise?	No	Count	45	42	87
		% within Gender	41.7%	30.4%	35.4%
	Yes	Count	63	96	159
		% within Gender	58.3%	69.6%	64.6%
Total		Count	108	138	246

Table 42

Cross Tabulation of Student Opinion of the Role of School Nurse in Reducing Risk Behaviour According to Gender

			Gender		Total
			Male	Female	
School nurse role and risk behaviour	Individual advice and support	Count	58	80	138 (56.6% of valid sample)
		% within Sex	37.9%	37.7%	
	Information and education in lessons	Count	44	76	120 (49% of valid sample)
		% within Sex	28.8%	35.8%	
	Running specific support groups	Count	36	39	75 (30.7% of valid sample)
		% within Sex	23.5%	18.4%	
	Student idea re school nurse role	Count	5	8	13 (5.3% of valid sample)
		% within Sex	3.3%	3.8%	
	Addressing risk behaviour not the school nurse role	Count	10	9	19 (7.8% of valid sample)
		% within Sex	6.5%	4.2%	

Percentages and totals are based on responses.

Table 43

Cross Tabulation of Student Opinion of the Role of the School Nurse in Supporting Students with Medical Conditions by Gender

			Gender		Total
			Male	Female	
School nurse role with medical conditions_	Yes to support but not now	Count	19	48	67
		% within Gender	18.4%	35.6%	28.2%
	Yes, support now	Count	3	9	12
		% within Gender	2.9%	6.7%	5.0%
	Not school nurse role	Count	15	7	22
		% within Gender	14.6%	5.2%	9.2%
	Does not apply	Count	66	71	137
		% within Gender	64.1%	52.6%	57.6%

Table 44

Cross Tabulation of Student Opinion about the Role of the School Nurse in Supporting Students with Stress by Gender

			Gender		Total
			Male	Female	
School nurse role in helping students cope with stress	Individual support for stress	Count	49	91	140 (58.2% of valid sample)
		% within Sex	38.0%	45.0%	
	Involvement in lessons	Count	30	52	82 (34.5% of valid sample)
		% within Sex	23.3%	25.7%	
	Support groups	Count	28	48	76 (31.9% of valid sample)
		% within Sex	21.7%	23.8%	
	Student idea re school nurse role	Count	2	3	5 (2% of valid sample)
		% within Sex	1.6%	1.5%	
	Support with stress not the school nurse role	Count	20	8	28 (11.8% of valid sample)
		% within Sex	15.5%	4.0%	

Percentages and totals are based on responses.

Table 45

Specific Services Requested by Students on Questionnaire Comments

Service requested	Number, age and sex of students	Specific comments
Drop in service	3 year 11 females 3 year 9 females 3 year 8 males 1 year 8 female 2 year 7 females 1 year 7 male	'I've never known where to go' (girl year 11)
Giving general health information and education – in lessons/assemblies via posters, leaflets and school newsletter	1 year 11 male 3 year 11 females 1 year 10 female 5 year 9 females 1 year 9 male 3 year 8 girls 3 year 8 boys 4 year 7 girls 1 year 7 boy	'I think sexual education is a big thing for people in my year' (girl year 11) 'more info on what harms your body' (girl year 9) 'get ideas, but shouldn't get forced to do it' (girl year 8) 'more education of sexual matters' (boy year 8)
Individual advice and support	2 year 11 females 2 year 10 females 1 year 10 male 2 year 9 females 1 year 9 male 3 year 8 females 5 year 7 females 1 year 7 male	'confidential support for drug takers' (boy year 10) 'someone to talk to when you are feeling low or alone' (girl year 10) 'a lot of us don't generally have anyone to talk to and it gets you worked up' (girl year 8)
Run support groups (healthy eating/ smoking cessation/support for those bullied etc)	2 year 10 males 1 year 10 female 1 year 9 male 2 year 8 females 2 year 8 males 5 year 7 females 3 year 7 males	'make up groups e.g. stop bullying, smoking etc (year 8 girl) 'start lots of support groups for people in trouble (boy year 8) fitness group (2 boys year 7)
Contraceptive advice Encourage healthy eating Give out fruit Put healthy food in the canteen Encourage self esteem Anger management Babysitting courses Parenting courses	1 year 11 female 1 year 10 male 1 year 10 female 1 year 7 female 1 year 8 female 1 year 8 female 1 year 8 male 1 year 8 female 1 year 7 female 1 year 8 female	'help about contraception' 'be confident with their body'

CHAPTER 5

Discussion

This chapter considers the information derived from the results of this research that have contributed significantly towards finding answers to the research questions. Specific methodological issues also arose around the use of these research methods with this population. The discussion will therefore consider: the perceived health needs of young people in a particular secondary school, the services these young people would like the school nurse to provide to meet these needs and hence the role of the school nurse and finally methodological considerations arising from the research.

Perceived Health Needs

The majority of young people surveyed rate their health as good or excellent. This accords well with the professional view that adolescence is a time of good health (Viner & Barker, 2005). The result was also significantly better than that found in the most recent HBSC study (Torscheim et al., 2004) and may reflect the socio-economic background of the sample, which is drawn from small towns outside a main urban conurbation with only 5% of the students claiming free school meals. This supports the findings in the HBSC study (Holstein et al., 2004), which noted the significant influence of socio-economic factors on the health of young people.

However, there were a small minority who did not consider their health to be good. Moreover, the results suggest the existence of health concerns that may not be recognised as such by the young people. For example, whilst ostensibly health was

reported to be good, nearly a quarter of the survey sample reported multiple health complaints with the potential to have a significant impact on health and well-being (Torscheim et al., 2004) and 14.6% of the total survey sample did not score life satisfaction highly, suggesting the existence of factors that may influence emotional health. 42% of the survey sample also recorded a medical condition, many of which have the capacity to influence general health and school attendance and therefore contribute significantly to the health status of this population. Finally, over a quarter responded that they were overweight, which may accord with the professional concern about the high rates of obesity in young people (DfES, 2005; WHO, 2005b) but may also indicate a lack of recognition by some young people of the health implications of obesity due to the lack of correlation with health status.

Furthermore, bullying was identified as a significant problem in both the survey and the focus groups, comparable in incidence with that found in the HBSC survey (Craig & Harel, 2004), although, in contrast, the incidence was higher amongst females, which may reflect the gender imbalance in the school. Several of the focus group participants had experienced or witnessed significant bullying and their comments suggested it negatively influenced their mental health with the potential to contribute to the high level of mental health concerns suggested by professionals (DfES, 2005; DoH, 2004b; RCPCH, 2003; WHO, 2005b) and reported by young people (Finlay, 1998; Kari et al., 1998; Waters et al., 1999). Supporting mental health and promoting the recognition of the components of health therefore appear to be specific needs for this population.

There was evidence of some gender differences in the reporting of subjective health as found in the HBSC study (Torscheim et al., 2004). In particular, girls were more

likely to report multiple, frequent subjective health complaints and lower life satisfaction, although this could be a feature of male socialisation and reluctance to admit to health needs (Davies et al., 2000). It was however interesting to note the higher reported levels of irritability and bad temper amongst boys, which may indicate the need for support with anger management. Perceptions of body image also varied significantly between genders. Indeed, girls were almost twice as likely to state that they needed to lose weight than boys. This supports the findings in other studies (Balding, 2002; Mulvihill et al., 2004; Walker et al., 2002) and is likely to reflect the influence of adolescent culture on the perceptions of these young women (Mulvihill et al., 2004).

The focus group data suggests that the young women were aware of these cultural influences with comments such as 'some people think you have to be a perfect size eight' and there was some resentment about both cultural pressures and the Government focus on obesity. Nevertheless, the survey results indicate that several factors do appear to be influencing the perception of females about their body weight with possible negative health outcomes, such as eating disorders, as mentioned in the focus groups. Fostering positive self-esteem may therefore be important for this population of young women.

Only about a third of the young people in the survey tried to eat healthily most of the time, in spite of the clear link identified by the focus groups between diet and health. However, this may be impeded by the difficulties in access to affordable healthy food in school as cited by the focus groups. This accords with findings by Healey (2002).

Exercise was also recognised as important to health in the focus groups although the emphasis amongst the younger students did appear to be that the ability to do sport was a product of health rather than a requirement to maintain it. Males were more likely to exercise regularly and it was of some concern that over 10% of females exercised less than once a week when there should be provision within the school timetable for regular exercise. However, the focus group indicated that there had been particular difficulties with access to facilities for exercise due to recent building work. Interestingly, Healey (2002) also found provision for regular exercise was a problem.

More than half of both genders admitted to being involved in risk taking behaviour supporting some of the professional concerns (DfES, 2005; DoH, 2004b; DoH, 2004c) and as expected, the incidence increased with age. Of even greater concern was the high percentage of boys who were not worried about the effects on their health of engaging in risk taking behaviour. Although this concurs with earlier research suggesting that adolescents often regard themselves as immune to disease (Clements et al., 1999) the finding is significant, because it indicates that the view is much higher amongst males and may further reflect male socialisation (Davies et al., 2000). This has significant implications for the long-term health of these boys and also for the mode of delivery of health promotion messages and indicates the importance of finding ways of encouraging young men to recognise and address their health needs.

In respect of particular risk taking behaviours, smoking appeared to have a much lower general incidence than in the recent HBSC study (Godeau et al., 2004) although similar in that more girls smoked than boys. There was also a particular rise

in smoking in year nine. However, it is possible that there was under-reporting, since both focus groups described smoking amongst their peers as a significant problem. There were even suggestions that smoking is becoming less culturally acceptable, since the individuals in the focus groups appeared to be staunchly anti-smoking and one of the questionnaire comments suggested the importance of providing anonymity for those wishing to stop smoking because ' if you are a smoker you are considered an idiot'.

In contrast, alcohol use appeared to be common and more culturally acceptable, with over half of the survey sample admitting to experiencing drunkenness. Indeed, it is of particular concern that by year 11 over 50% of the sample had been drunk twice or more as found in the HBSC survey (Schmid & Gabhainn, 2004) because of the association with negative health outcomes and crime (Matthews et al., 2006; Schmid & Gabhainn). It seems likely that more education on the dangers of getting drunk is required. The poor knowledge of sexually transmitted infections of young people in the focus groups was also a particular concern that posed a potential threat to their long-term health and suggested the need for more education on the subject.

Role of the School Nurse

Students identified a significant role for the school nurse both from the survey results and the focus group data. Principally they wanted individual support to be available, although access to this service was a concern. The focus groups highlighted the inadequate advertising of the current drop-in service and several of the comments from the questionnaire indicated a lack of knowledge of the drop-in service, this accords with earlier research by Madge and Franklin (2003). Data from the focus groups also suggests that it may be important to research other ways of offering this

individual service, either through text messaging or internet links, to encourage access and promote confidentiality, which was a prime concern. Indeed other studies have suggested that in its current 'traditional' form a drop-in facility may well not meet the needs of boys (Crowe, 2000; Osbourne, 2000; Peckham & Carlson, 2003; Richardson-Todd, 2003).

The focus groups also highlighted the importance of raising the profile of the school nurse so that young people were more likely to feel comfortable accessing services. This visibility could be significantly improved by developing the second most requested service, which was to provide information and education in lessons supporting government recommendations for school nurses to take a more active role in PSHE in schools (DoH, 1999a; DoH, 1999b; DoH, 2001; DoH 2006). Sex and relationships education was highlighted as a particular need both from the survey comments and focus groups and school nurses have been recognised as having particular attributes that promote effective delivery of this topic (Lightfoot & Bines, 2000).

Approximately a third of the survey sample thought the school nurse should work with the school to promote the provision of healthy food and facilities for exercise. This also supports Government recommendations for the school nurse to help develop schools into health promoting environments (DoH, 1999a; DoH, 1999b; Health Development Agency, 2002).

Of the 101 young people who recorded a medical condition, 78% wanted the availability of support from the school nurse with their condition if necessary, and 12% responded that they wanted the support now. This was in contrast to the study

by Lightfoot et al. (1999) who found that the school nurse was not viewed as a source of support for those with medical conditions. This may reflect some changes in the perception of the school nurse role since that time and is in accord with the role suggested by DeBell and Jackson (2000).

There were however significant misconceptions surrounding the role of the school nurse, particularly in relation to the provision of first aid and lack of awareness of what the school nurse could provide. There is clearly a need for greater education about the school nurse role within the school.

Finally, it is evident that further research into the school nurse role will be required to ensure that identified needs are addressed in the most efficacious way.

Methodological Considerations

The focus groups yielded the views of only a few young people, limiting generalisability, however this qualitative data provided considerable insight into the quantitative data obtained from the survey and this supports the views of Green (2002) who recommended plurality of methodology for determining the health needs of young people.

Recruitment for the focus groups was challenging, as experienced by other researchers (Krueger & Casey, 2000; Patterson & Kelly, 2005). Recruitment was improved by addressing smaller groups but the £5 monetary incentive only noticeably influenced the recruitment of the younger students. Recruitment of older boys was particularly difficult as found by Edwards and Alldred (1999). The reticence of the younger students supports the suggestion by Krueger and Casey that school might

not be the most appropriate venue for focus groups although this did not appear to influence the older students. One hour was therefore adequate for the younger students but longer would have been preferable for the older group. Dialogue appeared to be promoted by the existence of some friendship bonds within the groups, as also found by Stafford et al. (2003) and the refreshments were well received. Moreover, the young people valued the opportunity to express their views.

Distribution of the questionnaire generated difficulties within the school environment and was time consuming. The response rate for questionnaire completion was good, although improved when the researcher was personally present, which increased the necessary allocation of time. Some students required pens and some needed help to read the questionnaire. The researcher addressed these issues individually. Some of these difficulties may have been mitigated by starting the research earlier in the school year and greater involvement of the staff and pupils in the research process.

The results therefore give a good indication of the health needs of this population and the main priorities to be addressed. They suggest a clear direction for the development of the school nurse role, and have already influenced the provision of the service for this academic year. They also give some practical suggestions for further research in this area.

CHAPTER 6

Conclusion and Recommendations

This research study has highlighted the principle health needs of a particular group of young people in one school in 2006. It has also identified the services that these young people would like the school nurse to provide to meet these needs and hence provides a blueprint on which to model the role of the school nurse. The research aims were therefore generally achieved and have already influenced the provision of the school nursing service within the school for the next academic year, in particular through the inclusion of the school nurse in the provision of some of the PSHE curriculum, determined according to the needs highlighted in the research, and by providing a clearer focus for prioritisation of services.

However, health needs assessments are almost by definition time limited and whilst they reflect the health needs of a specific population at a given time, they are subject to change. Furthermore generalisation to a wider population is assumed but not demonstrated. It is therefore important that school nurses undertake and update health needs assessments regularly and at different times of the year to take account of specific 'seasonal' changes (new students, examinations etc.) within the school environment. Health needs assessment must therefore be a fundamental component of the school nurse role.

The study underlined the significance and impact of mental health issues amongst these young people and suggested gaps in education regarding health issues generally and risk taking behaviour particularly. Furthermore, it reaffirmed the need to

address particular issues amongst different genders, to find ways of engaging young men to consider their health, and finally the importance of research prior to implementation of health promotion initiatives, to ensure an appropriate approach.

The questionnaire has provided a useful tool for future health needs analysis although it has been shown to be much more informative if used in conjunction with focus groups. However, the study was time consuming and required the development of new skills, including the manipulation of data with SPSS. Some school nurses may consequently find the tool difficult to administer and evaluate within their current expertise and service constraints. It is therefore essential that commissioners of services give due recognition to the time and expertise necessary to conduct needs analysis which is fundamental to ensuring that practice is needs led.

Furthermore, research within the school environment poses particular problems since it competes for time with the demands of the curriculum and can pose particular problems with recruitment. Further involvement of teachers and students may have expedited the time taken for the research and more importantly increased user involvement in the process, which was clearly valued.

Finally, the study has provided a useful framework for the prioritisation of services for adolescents and whilst acknowledging the need for more general research, particularly into the most efficacious approaches to meet identified needs, adds to the small body of knowledge that has tried to define the new public health role of the school nurse.

The research has generated some specific recommendations and implications for practice:

1. School nurses should have access to the time, skills, and tools required to perform health needs analyses on a regular basis, to ensure that practice is needs led (pp. 98, 99, 100).
2. There is a need for further research into approaches that will engage young men to consider their health (pp. 94, 96, 100).
3. Due regard must be given to the particular difficulties associated with research within the school environment and where possible ameliorated by the inclusion of staff and pupils in the research process (pp. 97, 98, 100).
4. The use of questionnaires with young people can generate useful data but is much more meaningful if used in conjunction with focus groups (pp. 97, 100).
5. Further research is required into the public health role of the school nurse (pp. 95-97, 100).

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APPENDIX A

Questioning Route for Focus Groups

OPENING

1. Tell us your name and one healthy food and one unhealthy food you have eaten in the last 2 days.

INTRODUCTORY

2. What does 'being healthy' mean to you?

TRANSITION

3. The Government is worried about the health of young people. The Government's particular concerns are smoking, obesity, lack of exercise, excessive alcohol consumption, mental health (feeling happy etc.) and sexual health.
   a) Do you agree with these as health concerns (Take each in turn)?
   b) Which 2 do you think are most important?

(The young people will be shown pictures representing these priorities to help them remember them)

KEY QUESTIONS

4. What are the particular health concerns amongst your age group?

5. Which of your identified health needs do you consider to be most important?

6. What do you think could be done to improve your health – a) individually
   b) In school
   c) In your community?

7. What do you think a school nurse does?

8. Can you suggest ways that the school nurse may be able to help improve your health
   a) individually
   b) at school
   c) in your community?

9. Do you think the school nurse currently provides any of these services?

10. Which 3 of the services that the school nurse could provide do you think are most important?

ENDING

11. I want to improve the service that I can offer to you as a school nurse to help improve your health. Are there any other suggestions you could make for ways that I could do that?

APPENDIX B

Request for Parental Consent for Inclusion of Child in Focus Group

Dear Parent or Person with Parental Responsibility

Your child has volunteered to be part of a small discussion group to discuss health issues. The information from this group will be used to help me design a questionnaire to survey health needs in the school. The discussion group will be held in school time during a citizenship lesson and led by myself. I shall need to audio tape the discussion groups to help me accurately remember the young people's views of the topics discussed. This data will then be examined and used in the design of the questionnaire, after which the tape recording will be destroyed. The information given by your child will be confidential and following the destruction of the tape it will not be possible to link them directly with any of the discussion. Their views may however be recorded anonymously in the write up of this research which is part of my Masters degree.

If you wish to discuss this further please contact me on (telephone number).

If you consent to your child taking part in the discussion and their comments being audio taped please complete the tear off slip below and return it to the school.

Thank you for your cooperation.

Yours faithfully,

(School Nurse designated for A School)

.....

I give permission for my child ..... to take part in the discussion group with the School Nurse and I understand that it will be audio taped.

Signed.....Parent or Person with Parental Responsibility.

APPENDIX C

Information Letter to Parents of Students Selected to Complete Questionnaire

Dear Parent or Person with Parental Responsibility

I am the school nurse for A School. In the next few weeks I shall be asking the children to complete a questionnaire so that I can plan my work to more closely meet their health needs. The children will not be asked to put their names on the questionnaire and the answers will be strictly confidential and seen only by myself. All questionnaires will be destroyed after the data has been processed. If you have any objections to your child taking part please send a note to the school. If you wish to discuss the questionnaire with me, please leave a message with the school and I will contact you.

Thank you for your cooperation.

Yours faithfully,

(School Nurse)

APPENDIX D

Year 8 Focus Group Transcription

Introduction – Whilst you're opening your drinks, we all need to introduce ourselves so can you think of one healthy thing you've eaten in the last 2 days and one unhealthy thing?

A This morning already

M That's fine. So do you want to kick us off A

A Hi, I'm A. This morning I had this breakfast cereal which was like cranberries and yoghurt and stuff but I also had, when I got to school I also had like some soft mints so [pause]

M Right. So a double wammy in the day, yes?

B My name's B and I had a banana, which is healthy and chocolate

C My name's C and I had an orange and a chocolate bar (nervous laugh)

D I just had a cheese butty for breakfast

M A cheese butty? Well that's good isn't it? I think so. Can you think of anything unhealthy you've eaten?

D No

M No?

D I had some orange juice for a drink as well

M Oh right. Well that's healthy I think isn't it? What's your name?

D D

M Hi D. And your name is?

E My name's E

M Hi E

E And I had melon and a bacon butty

M Oh right. I think those are both fairly healthy aren't they? Do you not think the bacon butty was?

E (shakes his head)

M No Right. It depends how fatty it is I suppose

F I've had an apple and a can of coke

M So you're F? (Reiterate names around the table). I'm Julie. I had salad last night and I would normally have had chocolate but because it's lent I've given it up.

A I've given up chocolate

M Thank you for sharing that, that's good. So the next thing, just generally, what do you think being healthy means to you?

D Well like being able to do like sport and, like being healthy so [pause]

M So being physically fit really, are you thinking D?

D Yes

F Not being overweight or underweight

M Being the right weight?

F Yes

B Sometimes like eating loads of fatty foods and chocolates, crisps like makes certain personalities can be quite rude with it

Me Right. So it's eating the right sort of things to, sort of make you feel right inside. Is that what you're saying?

B Yes

A If you eat like healthier it might make you feel sort of ??? about yourself

Me It might make you feel like what A, sorry?

A Good about yourself

M Good about yourself? Yes, it can I think can't it? Certain foods give us a buzz almost don't they, because they make us feel good? So has anyone else got any suggestions?

D Make your, like your heart healthy.

M A healthy heart is important?

D Yes, a healthy like body

E And you can live longer (indistinct)

Me And you can live longer, yes that's right. Have you got any suggestions C?
C No

M So that was great. Now those are all your views on what being healthy is. Now the Government has just brought out a paper called Choosing Health. You

probably haven't even heard of it have you? No. Well the Government decided that there were certain areas of health in your age group that they were really worried about.
(Display board with 'choosing health' concerns on it – obesity, lack of exercise, smoking, alcohol and drug use, sexual health and mental health each area pointed out and named)

M Do you agree with those as health concerns?

Some group members – Yes

M Would you all agree that smoking is a problem?

Yes (generally)

M What about the drugs and the alcohol?

Yes

M If you disagree say, because this is just the governments idea really What about obesity? Do you think that is a problem in your age group or not?

D Yes and like not being underweight, being underweight as well

M That's very true because if you're underweight you don't grow very well do you? Do you think your age group have a lot of exercise? Do you think that's a problem?

E Some do some don't

B It depends whether you enjoy it or not. Some people like really enjoy running. Like this girl in our class called A, she's like she does swimming every morning, she gets up at like half four and goes swimming.

A But like you know schools, you get exercise from school as well you've got P.E. and stuff

B + D We've got P.E. next!

M Do many of you walk to school?

E I walk to the bus stop

F Sometimes

A I Can't really

C I Walk to school

B I Can't

M So there's only one of you who walk regularly – do you as well E?

E I walk to the bus stop

M You walk to the bus stop?

E It's quite a long walk!

M But I know a lot of you come from quite a long way

B I walk home

M You walk home?

B But I can't walk home from school because I live in H G.

M That's a long way isn't it? Gosh. So because schools these days have such large catchments that may make it difficult for young people to walk to school or ride So which of those health concerns that the government has identified would you think were most important for your age group?

D Er [pause]

M Have you got an idea D?

D Obesity and exercise

M Right, OK obesity and exercise. Has anybody else got any different views on that?

B Obesity and smoking, I think

C Yes

M You think smoking's quite bad in your age group? Yes F?

F I think mental health and emotions one because some people like get bullied so [pause]

M Right and that makes them unhappy F doesn't it?

F Yes

A I think like drugs and alcohol because then if you don't get into the habit now you're less likely to get into the habit when you're older

M that's very true actually, you're at a very crucial age when a lot of your habits are established. That's great! Has anybody else got, E what do you feel?

E Smoking and obesity

M Right. So actually maybe the Government have some of the ideas right on that do you think?

Group – several yes's

M So just bearing that in mind. That's the Government's view of health. [break to mop up a spilt drink]**. You obviously thought those were really important, but I want to ask you what the particular health concerns are amongst your age group? What sort of things are your friends talking about that worry them about their health?**

D I think some people like [pause] cos in the school canteen there's the healthy section but the health section always seems to like cost more, cos there's like the stuff in the like unhealthy or like the

E Cheaper

D Yeh, they're cheaper than all the healthy stuff and it's a bit hard if you're trying to get something like good to eat and be full. You have to buy something unhealthy because else if you don't buy, if you buy something that's healthy then you're not going to be really that full.

M Right, gosh that's really interesting D

F I'm on tokens so like if I wanna get like a sandwich or something which is healthy, I can't really afford it but like a drink or something then so

B Sandwiches are like £1.25

M Are they?

B Just for a cheap ham sandwich it's like £1.15. Like you could just get your Mum to make them and just buy a bag of crisps with your token

A Like if you want a baguette they're like £1.60, which is alright if you went to like a café, it might be £3 or something, but like the average you're supposed to have £1.65 money, and that's how much the token's worth and like if you want a drink you've got 5p to buy a drink.

F And the cheapest is 20p

B + A And it's just like a little mouthful.

F And there's the water fountain but like you don't really know what somebody's done to it, cos it's like dead open so anybody could have done something to it.

M That puts you off?

F Um (agreement)

M And I suppose you've got lots of books in your bags so you don't really want to be carrying lots of water do you?

F And if it leaks it goes all over your books

M Right, that's true. So do you think diet and food is the thing that occupies most of your age groups mind in terms of health?

Non verbal agreement from the group

M Yes? Nothing else? What about appearance?

B Looking in the mirror every 5 seconds!

M Are any of your friends worried about acne?

B No

M I think you've identified the thing that you consider to be the most important which is healthy eating amongst your age group

Ass M And water

M Yes, and drinking water. So what could be done to improve your health? What could you do individually to improve that?

B Bring a packed lunch, but it's heavy

A If you're worried about like exercise, like at the weekend you could go to the swimming baths cos it's fun but it's good exercise as well

(Silence – 8 secs)

M – I suppose you're a bit limited aren't you individually – go on F

F I've got a little Jack Russell so I can take him for a walk every now and again but I can't really take him for a walk cos he runs off

M Takes you for a walk does he?

S (assent) And he attacks pigeons, he made one fly into a wall once

M Oh dear! So you've probably told me some of these things now but just tell me again, what do you think school could do then to help you achieve health?

A prices of food

D + *D+E* Maybe put the prices of unhealthy food up and the prices of the *healthy food down*

E Or you could just have special days when there was unhealthy food

A If the healthy food was cheaper they would encourage more people to have it wouldn't they?

E Yes

M Say that again E, that sounded like a good idea

E Just have like on Friday they could sell..... (indistinct)

M So a day for just healthy food?

E No. you don't sell the, you like only sell unhealthy food on like Friday

M Oh right, so you might have a chips day!

B They do do chips, I think Tuesday (A [interrupting] No, Monday and Friday) Monday and Friday, but they still do the burger and the crisps

A Or pizza

B Yeh, but its just too expensive though because people can't pay for the bus and different things but we pay with it, we've got a card so we don't have to give them 50p on the bus, but people have to do that and then they've not got enough money for their dinner

D Maybe like at breaktime, when sometimes we go and buy like some soup and it's not as crowded as lunchtimes but there's still quite a lot of people in there, there's not, the only really healthy thing is the sandwiches because they sell sandwiches at break, but everything else is just like chocolate or pies or sausage rolls and pasties and stuff like that

E They don't sell them at break

D Yeh, they don't do anything healthy at break

A Do they do pasta at break?

D No nothing, apart from sandwiches

M Would they do toast at break?

(Several) They do that in the morning

A But it's a rip off, 20p for a slice of toast!!! You could buy a whole loaf of Tesco value!

M Is that toast and butter or just toast?

A Toast and butter

M They have got some costs, haven't they?

E I have a croissant

M How much would a croissant cost E?

E 40p, but it's got chocolate in the middle!

D There's no healthy stuff at break apart from the sandwiches, just crisps and chocolate brownies

B And pies

D And pies or like pastry things and then there's the like the donuts and stuff

E There is snacky snacks

D Yes

B But they get boring after a while

D Yes, but that's really the only thing, nothing really healthy at break

B And the drinks are dead sugary, ribena, do you know a bottle of ribena? It's got 15 teaspoons of sugar in

E Whoa!

B And a carton's got 5

M What drinks would you prefer then?

D Maybe like [pause]

B My Mum just makes apple and blackcurrant cordial

A Or these [holding up carton of fresh juice] maybe we should just have squash instead of like not as much variety

D Like flavoured water or stuff like that

E Or smoothies, I like smoothies

F If you have a little bottle of water it's about umm 50p, 45p

M Is that just still water?

F Yeh

A It's only about that big (demonstrates height)

B It's a bottle with a sports lid, but it's 50p

B It's a rip off

A Just can't afford it

B I'm not paying the prices

M So if they could provide somewhere where you could fill up a water bottle?

(Several people) They've already got one

D But you've got to queue up to get there, say if you just want to fill up with water cos non of the other taps are like drinkable, so say you just want to fill your bottle up you'd have to go into the canteen, you'd have to queue up, for about well it might be sometimes [pause]

E 15 minutes

D Yeh, into your break

M Is that just to queue for the water?

B (and several others) You have to go up into the queue for the canteen

M Oh! Well that's not really fair is it?

F In the room where there's all the sandwiches and everything its still got all the like sugary drinks and all the crisps and everything at the back, so it's not really that good for a healthy aisle.

M So if you had a separate queue just for water that would be better wouldn't it?

B Or if you was put under

E Queue in the hall

B Cos the stairs are there (demonstrating) and then you go into the canteen but if it was on the floor

E Yeh

B So you don't have to queue in there

E You could queue round

D Maybe there's some other places where you could queue like in the PE changing room

B The PE department

D That would be a good idea because they're quite open as well at like lunch and break

F Or they could have one like in every like section of the school so like if you go into our room you can get one there

B In every form?

F (and others) Yeh!

E (unaudible)

M I suppose what you were saying about the gym would be really useful because when you've been doing PE you need a drink when you've been sweating

General assent

A If you, the lesson before dinner, if you're 5 minutes late, umm you end up going to the hall and you have to queue for like 20 minutes, that's just if you're 5 minutes late, so like even if you've already got your dinner and you just wanted to get a packet of crisps or some water, that's like all your dinner gone

D You have to wait til the end, like to the end of break and there's nothing left

B Mr H takes so long on the queues, cos we've got like 6 rows and then 3 over there but it takes so long, you're queuing for ages yeh, you queue for absolutely ages even if you just need to get a bag of crisps to have with your sandwich

(General assent)

D We should have a little like snack bar around the school somewhere

E There used to be a vendor

A The vendor's all gopping, it's got like all apples in it now

D No, but just somewhere around the school just selling like stuff from the canteen somewhere else

F When they did the exams or something they had them at the back, at one of the entrances to the canteen, you know where the RM is?

M (asking C – what about you, have you got any ideas?)
C (mumbled that she had not)

Pause

M Right, so I'll see what I can do about encouraging these things to be done, obviously it's difficult for me because I'm an outsider really in the school but I can certainly have a chat and Mr H did say he'd be really interested to hear what your ideas were so we can put those to him and see what we can do. Is there anything that you think could be done in the community that might improve your health?

E More like sports activities, more choice

M Like what?

D Athletics

E Yeh and martial arts

M OK. Do you have leisure centres near you?

E There's one in W but it's like [pause]

M Quite hard to get to?

E (assent) Long way away

A Like opposite the school there's a youth club or something, I don't know what it is really, but like if you're somewhere round the town where there's loads of kids you could get them off the streets by doing like dance like street dancing or football clubs or something

M You'd be interested in doing something like that would you?

A Yeh, well I do dancing anyway but it would get people off the streets

M Anything else in the community that bothers you about health?

D Maybe like something like this but like for kids in like the community like something where you can just go and like tell someone like what you think and [pause] maybe what like they can do for the community like this

M So you think community focus groups would be good?

D Yeh

Pause

M Is that most of it for the community? Now I'd be really interested to know what you think a school nurse does? What do you think our role is?

F To see how people who are ill and decide if you think they're ill enough to go home

M So you think I see the sick children in school and decide whether to send them home?

F And see if you can help get them better without sending them home

M OK, fine

E Jabs and stuff

M Give immunisations, yes

D Like people who want to come to you just to talk about health and like trying to do like research just to like make the school like better and healthier

M So you think part of my role *should* be to run focus groups like this and see what your views on health are?

D Yeh

A You do a thing on Wednesday where you can go and see you and get an appointment

M So you know about the drop in

B Yeh I saw it cos I go up to German

A It was the room, I saw the notes on the door

M Has anyone else ever seen the notice about the drop in?

F Yes

E I've seen people with the notes

M Do you know where there is the poster for the drop in anywhere?

F Is it near the office?

M Yes

D There should be more around school or somewhere

M You think there should be more?

D Yeh

F Yeh, cos some people never go up there really

M Really?

F Not many people

D Maybe one in the hall, cos most people would go in the hall

F Or you could send them into the form tutors

D Yeh, one in the form, like one in every form room

M Do you have a display board in your form room then?
(General assent)

M OK, so that's possible then. So is there anything else you think school nurses do? Yes E?

E I've forgotten

M That's alright. F?

F We did the like check on us, when we went up into the geography place and you know we had all the

A Eye tests

F Yeh, eye tests, and weight and stuff like that

B But you didn't have to have your weight done if you didn't want to, so it was alright cos you didn't get embarrassed by it all, and you didn't have to have it done, you weren't forced to do it, you didn't even have to go if you didn't want to, it was just if you wanted to or not.

M And you think it was good to have the choice?

B Yeh

A Cos like you could be embarrassed – about your shoe size

M Anything else you think school nurses do?

A Do you go round different schools and like compare them together?

M We do go to different schools, I wouldn't say we compare them, but we do go to lots of schools.

F Do you go to primary schools?

M Yes we do go to primary schools

F Do you try and persuade them how good the school is or something?

M We might support the school with something called 'healthy schools' which I don't think AH is part of yet but I think it's going to be

F We're not having chips!

M. That's interesting to know what you thing we do. Can you suggest ways now, and this doesn't have to be what you think is my role at the moment, but ways that the school nurse could help improve your health either individually, within the school or within the general community?

D Do like some exercise, you could like arrange some like, maybe not competitions but like some sponsored things and like give the money to like the school or something

M So arrange some sorts of exercise?

D Yeh

C Do a club where you can help someone stop smoking (very softly said)

M A stop smoking club?

E There's loads of smokers in our year

F A lot of the year 7's are as well

M Do you think people would come to a stop smoking club?

B I don't know, they might just feel embarrassed about it

E They would, if they really want to stop they'd come though

A They would know that it's confidential though

E But people would see them go

M I sometimes wonder if that's why people are worried to come and see me at the drop in because they know people can see them coming in

F Or you could try and set something up like out of school so like a teacher can't go there and shout at them

M I don't think they would shout at them but they might be worried the teacher would know. So you think it might be useful to run a stop smoking club but out of school somewhere?

F Yeh, cos like that'd make it a bit more confidential and stuff

E But then your parents would know

F No, cos you wouldn't really have to tell them, you could just tell them you're going into town or something

E But that's lies

F It's sort of lying when you're smoking, so

E Could you like provide footballs for over lunch?

M The exercise thing seems really important and you think I should perhaps help promote that. If your PE teachers were to hold an aerobics class or an exercise class, would you go?

A I can't go to things after school

M I think that's a big problem here isn't it?

B I live too far away.

F Try and arrange buses to like come and pick people up, like after school or something

E But also there's nothing to play football with

M Are you not allowed to bring footballs in?

E Yeh, but it's carrying them around and if you leave it in the form room someone can take them

B And if you have it in your class sometimes the teacher tells you off don't they?

M Would you be allowed to play football on the field here?

General assent

E But not on the field at the moment

F We used to be allowed to go on it but it's a bit hard now because it's all boggy

M Anything else you think I could do?

F You couldn't do it, but like there used to be a playground on the, where that building used to be, so they sort of like demolished the playgrounds

M So you've lost one of your playgrounds for the new building have you?

General assent

B And netball courts

E And the carpark, the carpark at the top used to be a playground

M Can you use the gym at lunchtime?

Several no's

A You can't even go into your classroom for lunch

E Year 10's sometimes go to the gym

M What do the year 10's do?

B They go in PE and go on the bikes

E Sometimes they come to school and people take them to the gym somewhere

M So do you think the school nurse provides any of these things at the moment? Or do you know of any of these things that we might provide that you've said that you'd like us to?

E You can make appointments with you, sort of [pause]

M Do you think that's a useful thing to have E?

E umm (agreement)

M So you'd like that to be kept as something that we do?

E umm (agreement)

M I do actually see some people for smoking cessation but I don't run it like a club I tend to just have

B One person

M Or 2 or 3

B Obviously friends

M they often come as friends, yes and then they can support each other

[Break for more refreshments]

Explanation re questionnaire. Students asked to complete it but only if they wish to and also to provide feedback regarding its' suitability for their age group, reassured that any criticism is welcome.

E On this one could you put like tick that one and that one (applies to question 7)

F I was just wondering about this because my friend said that he wanted to come but he went to the office and everything, but no one knew what he was talking about

M That's a shame F isn't it?

F And I didn't know he wanted to come because I'd have put him as a friend

M That's a real shame actually, I did leave letters with the ladies in the office but it's been difficult.....

F I think he just wanted to come for the voucher anyway

M Let's be honest, it was probably an incentive for a lot of you really and that's absolutely fine, why should you do it for nothing really, but I'm very glad you did

F I suppose another good thing about it is like you're getting something changed about, you know getting something changed about the school – it's a good idea

M Absolutely, you've all been very public spirited.

B I prefer it when the questionnaires have got multiple choice, so you don't have to write your own answer, it's easier

M So have I missed out something you'd have circled instead?

B No, you've got all the right things

M So you prefer them like that do you?

B Yeh, it's easier

A Cos when you have to write it all the time it takes very long

M Well that's what I was trying to do, but if one of the choices you would like is missing let know

A Well it's good that it's got dot dot dot's as well

M Well I was trying to give you more choices. If there's anything I haven't covered that was brought up in our discussion – I don't think I've put in much about exercise?

E Thought it said sport [actually said stop smoking]

M If any of the words are too long or you don't understand them or they're not words you would use to describe that, can you tell me.

E On number 12 there isn't like an answer that says you haven't ever been bullied

M You think we should have 'I have never been bullied'

E Yeh

B What does bereavement mean?

M That's when someone has died, so do you think I need to put that in a different way?

B I don't know

A It says I haven't been bullied though

B But in the last couple of months

M E thinks I should put 'I have never been bullied'

A Where does it say bereavement?

B There, some people might not be able to read it, or some people might not understand it like me

M Do we need to put 'when somebody dies'?

E Like when your Gran or someone has died?

B Or death in the family

M Yes. Would it be enough to put a sad event?

A Yes, because it might not just be

B It might not be a death, it might be like your Grandma's ??? or something but she's not died

E It might be like your parents split up or something

D I think maybe a question about are you happy with the food that you eat and are you happy with the food the school gives you

M OK so we had something about a healthy diet. Don't you think that covers it
D about what you eat ' do you try to eat a 'healthy diet'?

D Yeh, but about what the school gives you

M How about 'do you feel the school offers sufficient choices for a healthy diet'?

D Yeh

F On question 18 what does it mean by courses on babysitting is it just like your little sister or something, or is it so you can go and have it as a job

M In some schools some of the older girls or boys would attend a course that discusses things like child development, a bit of first aid, what to do in the event of a fire, because if you imagine if you're babysitting for somebody, you would need to know all those things to be a safe and competent babysitter.

E Is that just if you take childcare?

M Oh no, it's for anyone

A Do you have to have anything to babysit in the first place or not

M Not really although you should be of a specific age

F 14 I think it is

M At least yes, and depending on the age of the child you're looking after. But the course can be useful in giving you confidence

A Cos you might have a little sister as well

H Do you know the age for staying in your house on your own? Is there a legal age?

M No, there isn't, however if anything happened to you, say you decided to cook something

B And you burnt yourself

M Your parents would be liable. So they would look at your age and competence to decide whether they had made the right decision.

F I think it's like at certain ages at certain times, like if it's just like a one year old baby you can like pop outside for a second just to put something on the line

A It's like more how sensible you are, cos if you just like, like gonna set something on fire you're not gonna be, you don't wanna be left on your own hence how your personality [pause]

M Exactly, so it's your parents judgement, whether to leave you. Has everybody finished?

F Well, I can't really think of anything for 18

M That's fine. You don't have to fill in the lines, should I make that clear?

F Yeh

A Because it goes, yes by, and then give your own idea

E So it's just like you circle the last one isn't it, that's the one you circle or something like that

B And if you think of something else you write something, and if you don't, leave it, I don't think you need to, but

M OK, but I might bear it in mind for the front sheet (Explanation re draw for high street voucher as incentive for filling in the questionnaire)

F What's a high street voucher?

M One that you can spend at Next or wherever. Do you think that is a good incentive?

Whoa! Definitely (and several other assenting noises)

A It isn't that that wouldn't cost money in the first place, for printing

M Actually it's all costing me money because it's part of my masters' degree. So you have all been part of a masters' study as it said on the letter and you have conducted yourselves with great maturity.

F I was just gonna say something about question 16. My Mum's got this like kidney condition and I can't remember if I've got it or not, so should I just put that or should I leave it?

M You could do but you don't have to put it on F

F I don't even know what it is, I think it's just a weak kidney or something

M That's what the 'other' was for. I don't know whether people will run into difficulties with the spelling in this section because medical conditions are notoriously difficult to spell. Looking at the medical conditions could you all read them?

E Yeh you know what they are if you've got them

A What's ex a ma?

M Eczema

A Oh yes, exczema

M I know that's a horrible spelling

B I can't spell pneumonia I'll tell you that

B What's that condition anyone? (pointing to another word)

F Oh that's migraines is it?

M Yes. What about the length? Do you think it is doable?

B Yeh

F Easily

A I thought when I looked at it, it was long but because it's multiple question it doesn't take as long, which is good

M So that could be done in a registration period you think?

Several yeses and a definitely

F You could send it into the PSE lessons as well, so [pause]

M Your PHSE lessons seem to be dominated by citizenship?

Several assents

F I think they'd probably do it but

D Once we get to the end of the thing we have one where we do a target setting, we have one of them with our form tutors, you could put it in there

A Or careers

E But the one we're doing now is about the New Year and everything but the one before that was like about

B Tax and spending wasn't it?

E But the one before that was like about smoking, wasn't it?

B Yeh that was health

M (talking about the importance of obtaining user views)

F With some things like the government and everything they say they're the professionals and everything but like if you've got the illness or whatever you're probably gonna know a bit about it and it's like with asthma I've had it for like I think about 6 years now which is half my life so I know quite a bit about it.

M Absolutely F. You are what we call now an expert patient you know far more about asthma than I do because you've lived with it for 6 years

F I've almost died about 4 times

M Oh dear

F I passed out

M Oh dear. As somebody with a medical condition do you feel that's something school nurses should be able to help you with?

B Not really it's usually your family or your doctor

F I know the basics of it, like you know

E If you have an attack or something

F Yeh, just know which position and stuff like that, I've had a [pause] my Mum, [pause] I know quite a lot of other people with asthma, and they've all told me a bit about how to [pause] eh get if I have an attack about it and everything, because my Mum has this, I think my Grandad's friend or something, and he's had it for ages now like almost his whole life and and everything he doesn't even need an inhaler but he gets it every now and then.

A You know the government, well do you know like if they've actually asked the kids like from our age group? They might think that but it's what we're doing now like asking our opinions, if the government haven't done that how would they know what to put on the board? (My display board showed priorities from Choosing Health)

M I think they did in all fairness ask. However AH is a community of its own with its own particular needs as apposed to the general needs of the country therefore it is important for me to focus down on your particular needs. You have identified that the smoking is an issue and that the obesity and the lack of exercise and mental health (being happy) is an issue

B The opposite of obesity, anorexic

B Or you might not be anorexic literally but very underweight

M So weight generally

F You know when that advert with the asthma card it says it's free but it I think it says it's like about 75p a minute to call or something like that

M Oh my goodness!

B And you're usually on the line for ages, saying please hold

F We're just writing down your details

M The web's quite good for that. That's another thing I thought you might have brought up. You know I have the drop in and maybe I need to advertise that more widely

F You could set it on the school website then

M What about texting with a problem?

A That's a good idea because more people, well I think most people will have a phone for safety and stuff like that so they will text, and you don't have to like, they might be embarrassed to see the nurse, so you don't have to do it face to face to them

M Right, so that would help you'd think?

D Or maybe if you're like on the internet and your on like a site to help stop smoking and your Mum and Dad like comes into the room then they'll obviously know about that, but if you, well my Mum doesn't go on my, or my Dad doesn't really go on my phone or do anything on it so it's like that place where you can just keep [pause]

M Gives you more privacy?

D Yeh

F You know in like church when you go for confession it's like that thing so they can't see who you are

M Oh right (laughing)

Ass M You want one of those!

F But you could do that, cos if you feel embarrassed about going to see the school nurse you wouldn't even have to know who it is, so you could do anything like that so

A Put a bag over your head

F Or go into like a room where you record your message then at the end of the day you just take them all home and you wouldn't even know who it was

A But then how would you even help

M My daughter suggested a box that you could put your worries in

A We had that in primary, a bully box

B We did that in primary, a worry clinic or something

M Was it useful?

B I didn't use it, I didn't need to.

M Do you think people put silly things in it?

A They did at ours. Were you in the council when I was. When they put 'A is horrible' in it!

F Was that AG?

A No me!

F Oh. No, it's that nearly everyone in my form keeps picking on this girl called AG, so it's about her

M Do you see a lot of bullying then?

F A bit

B Not much

A I think this school's alright for bullying, but there is some individuals

F Because they take it a bit too far

M What do you do if you someone bullied then?

E It's like tell the people, just say something

F Go and see how the person is

A Stick up for them

E + F Yeh

M E what did you say?

E I'd tell the people that have been bullying (implication say something to them)

F If they were getting in a fight or something then I'd go and get a teacher and say there's a fight, but if it is was like a big 6 ft person I wouldn't

M Thank you to everyone. (Vouchers handed out). Did the incentive make you more likely to come today?

A bit, some yes's

M Would not have been so keen to come if you hadn't had an incentive?

F I'd have still come

E I'd have still come but

D Yeh, I would

B + F Yeh, to get out of a lesson

Year 10 Focus Group Transcription

Introduction to reasons behind the session and outline of the session. Explanation re confidentiality of data. Please tell us your name and one healthy thing you've eaten in the last 2 days and one unhealthy thing you've eaten in the last 2 days.

M My name's J. This morning I had porridge and last night I had a few crisps.

G My name's G. I had some strawberries last night and a packet of crisps for break.

H My name's H and I had some porridge this morning and pizza last night.

J I'm J. I ate an apple last night but I also had a bonus bag of crisps last night, about that big (demonstrates size).

M Oh a large bag!

J Yes, all of them.

K My name's K. Every morning I have a bowl of cornflakes, cos I like cornflakes and they are good, for you but last night I did get ???? because I'd eaten the majority of the custard cream biscuits at my Grandma's which was like 10 or something, that was quite bad. (laughs)

(discussion about jaffa cakes)

M Thank you for that. Just think for a minute, if I were to say to you what does being healthy mean to you, what would you say to me?

K You have a balanced diet and you exercise frequently, so it helps with your body as well. And you balance, like you've got to eat things that are good for you, you can eat things that aren't that good for you, but not over, not too much, because that gets bad for you (pause) oh, and no smoking or taking drugs because that's bad for you.

J All the same as that but having like your body's healthy and your organs and that work properly, but the same as the rest that's been said.

H Just the same. (after an enquiring look from M)

M You think exactly the same H? So food's really important is it?

H (nods) A balanced diet.

M You mentioned exercise. Do you see that as really being important as well do you, H?

H Yes, I think you've got to do some exercise.

J You don't have to do over the top and that, but just enough.

M What do you see as being enough then J?

J Well, say you walk around a lot and sometimes drive and then children have got PE at school and if you're at work you could use the stairs instead of lifts and things like that, and if you're walking round that's good exercise for you.

M Jolly good. G what does being healthy mean to you?

G Same as that, just a balanced diet and exercise.

M That's interesting because that's what the year 8's thought. You did mention drugs and smoking, which they didn't at this stage so maybe it's more of an issue at your age?

(Some general agreement – several yeses)

(Display board with health issues). M The Government come out with a white paper last year called Choosing Health. Have any of you heard of it?

(General No's)

M This was an important public health paper. They identified certain areas within young people's health that they were particularly concerned about. Areas on board pointed out individually. These were the Government's ideas. Do you agree with these as health concerns or not?

K With obesity, I think they're saying that quite a few girls at our age and our age group, they're thinking that they are obese or like overweight and they're actually not, so that may cause them to become anorexic or bulhemic or things like that, which is quite a bad like health problem for them. There are some children that are quite obese, cos I know that my brother has been, but he's lost quite, he's lost like 2 stone since he started here, due to bullying in primary school, but they're pushing obesity, like with putting all the healthy stuff into the vendor at school, you've not got a choice, you're just like being given the healthy foods now, which it is good for us, but it's sometimes telling like the girls our age that, yeh actually some of them are obese, so you just eat this as well, so it's making, it could make them feel worse.

J Some people think that to be the right size you have to be like a perfect size 8, but you don't because sometimes people are too skinny and it makes them ill and it doesn't look nice, you're better off just being yourself.

K It's however your body is cos that's you isn't it?

M Has anybody else got views on obesity?

G I think you are who you are. I mean if you exercise regularly and you eat healthily and if you're like still a little overweight, then that's how you're meant to be.

M You think they are maybe pushing it too much then?

H I think so.

M You think so H?

H Yeh, it's like there's no choice in the canteen now. Like in year 7 there was loads of choice but now it's just pasta and chips.

K It's like we only have chips 2 days a week.

J They have all the salads and everything, people don't mind eating the pasta and the sandwiches and the healthy stuff, because some certain days you can only have that stuff, people don't mind eating it most of the time.

H But some days you just don't get given the choice.

J Yeh

M So would you like to have the choice of having the chips every day?

K Yeh

M you would?

K yeh

J No, cos

K I wouldn't eat them every day but it's just there, so you're able to, or you can just pinch one off one of your mates.

J But they still have all the sausage rolls and pies and things so

G At break as well.

M So you think they're still having that anyway?

G Yeh, some people might have that for break and then pasta or sandwiches or a jacket potato for lunch and things.

M Do you think at your age you're more able to be sensible about what you choose though, than maybe the younger ones?

(General assent)

J We understand more.

G I think what it is, is like the year 7's are thinking like, ooh we've got chips now, cos like in primary school we didn't get a choice, you were told you get that or you starve basically, and now they're like ooh we've got chips we've got a choice so we can eat unhealthily, and I think that's what it is.
K One of the things I think why they're doing it though is so when we leave school we don't just like, oh we'll just have chips again, it's teaching us, when we're older, that we've got to eat healthily as well.

J Especially if you're busy, it's really easy just to put on a microwave meal.

K My Mum doesn't buy microwave meals, we make everything from scratch.

G We pretty much do.

M So you agree that obesity might be a problem but you think they push it too much perhaps?

H Yes

M Lack of exercise. Do you think that is a problem in your age group?

J Not really because everyone has to do PE, and that

K You get detention if you don't do it.

J Well not that, but they have to do PE for like 3 or 4 hours in 2 weeks, and walking around school and things might not seem like much, but it's quite far when you have to go from one end of the school to the other, so people at school can get quite a bit of exercise.

M H what do you think about exercise?

H In boys PE, lots of people like miss it deliberately every week, I'm not going to say a name cos um

M No, that's fine. They miss what sorry?

H They miss, they deliberately forget their kit, so they don't have to do it.

J The girls don't really have that problem.

K Cos the boys all they do is like football, or softball or basketball every week. We get a variety and we swop round in groups

S We change.

K And we do actually have the chance to go to you know total fitness gym at HD? We go up there and do different courses there over half terms.

J On the machines and aerobics and things which everyone likes.

K And it's quite good.

M Who gets the choice to do that?

K All the year 10 girls.

J Just our half of the year now.

K Yeh, the other half of the year were, were they misbehaving or something?

J Yeh, the other half of the year were naughty and don't get to go.

M Don't the boys get that choice?

J No. It's because we haven't got anywhere to do PE.

K Because we used to use the playground for netball and now they've got a new building we can't do PE and the ??? pitch is like a trek for us to go, to then do PE and then walk back again which cuts down, which cuts like 10 minutes out.

G They started doing that because we didn't have a playground until Christmas, so until Christmas we didn't have anywhere to do PE.

K And we're getting a new sports hall at the end of this year, which messes up with some GCSE people as well, so it like gets them away and things, that's why we've been given the opportunity to do that, but it is good for us. It's a change in what exercise we're doing.

M Do you think the boys would like more of a change H?

H I think that's happened this year because like, you get a choice. You get split into two. The outdoor group does football every week but on the double period on a Monday the people inside would do something different, so like one week we might do 5 a side football and then basketball, dodge ball or something.

M Right, OK. Do you think smoking is a problem in your age group?

General assent

G A huge problem. I've got a lot of friends that smoke or have smoked and you can tell that they smoke it's horrible and they smell of it like loads.

J Then there's the second-hand smoke as well, like if you're out with your mates. If you go to like A or C, where you can go like at night, nearly everyone smokes and it's not that big, so there's smoke everywhere, and you come home and it's

G All over your clothes.

K We went out a few weeks ago, and my Mum goes 'let me smell your breath K' I was like, you what? And she went 'have you been smoking? cos you actually literally stink of it, it's in your hair and everywhere'. And it's getting on our chest like, the second hand smoke. I've had that from my Mum.

G I've had that from my Mum and my Dad.

K She's given up since November. And like everyone's trying to give em up now cos everyone's forcing it, like not forcing it onto you, but everyone's like trying to get everyone else to stop.

J Thing is though, people know what happens cos it's emphasised, people know you get cancer and things and it's written on the packets but people our age just ignore it and think, oh it won't happen to us.

G Plus they think it's cool.

K It's actually not cool though that's the thing.

G Yeh

J Cos I know quite a few people who've died from smoking.

G Well, I've got somebody in my family and he's been smoking most of his life, it's since he was like a teenager and he had testostriol cancer and he's still smoking and won't give it up, but I don't think he has the willpower to give it up now, he's been doing it for so long.

J Same with my Dad. My Dad's been smoking since he was 10 and he's not stopped. Well he stopped for about, a couple of months, but then he started working somewhere different and it was really stressful and he started again, but my Mum's always going on at him, but he just can't, or he won't try.

K I've got a close boy friend in the year above us and he's been smoking since he was 10 cos his sister was smoking and she just went try that, but I don't know why, she's 19 now, and he's just like he can't give it up. He's 16 now and he's just been smoking since he was 10, and it's just a normal thing to him. It's not like 'I'm going out for a fag with one of my mates', or, it's just natural for him to do it now, cos he's just grown up with it, which is quite bad for his health and his lifestyle as well. Cos some people think, if they're actually stupid enough to smoke then they obviously haven't got the sense to do other things and like try and stop it. It's quite a big problem with the year above as well. It's year 9, year 10, year 11 really, that's the worst 3 years. At the other end of the school it's not really a problem. But with going to A and C they're looking at their peers and, not being pressurised into it, but thinking ' ah they're doing it, we can do it' just copying by example of what other people are doing.

J Everywhere you look there's people smoking.

M So, smoking's a really big problem (general assent). What about the alcohol and drugs?

General yes's

M Both?

J Alcohol more than the drugs I think

G I'm not sure, drugs is quite bad.

J I think the alcohols', at our age, is just a little bit worse, or more people drink than take drugs.

M What are they drinking? Is it beer, cider, spirits?

General comments. Alcopops, vodka

J big bottles of vodka and then there's like bacardi breezers and things like that.

K Lambrini

J All alcopops taste like fruit juice.

H It just tastes really nice, it tastes like pop.

M What, do bacardi breezers taste like pop?

H Yes, it doesn't feel like you're taking like beer or whisky or something dead strong, as I suppose alcohol tastes, you just drink it.

J You can drink loads in a short amount of time and you won't feel it until you stop.

K Until you stop and then it's like (indicates the room spinning round).

J Cos there's people our age, they go and drink, there's bottles like that they have one after another and they don't feel it until they stop and wake up in the morning.

K I know that all of us 4 have all got sensible parents, but it's some people who haven't got really very sensible parents they'll just let their kids go out at night til 10 o'clock, half 10 at night and they can come back absolutely drunk out of their faces and later than that, and then they just won't say anything. Cos I know quite a few people who live on different estates in M and that's all they do on the weekend. Just wait til the weekend and get like, just drink. They'll get other people to go and buy it for them, it's like quite bad.

G I think alcohol's OK but if you're like careful with it, and only drink it on like special occasions, like birthday parties, New Year, stuff like that. I mean I think that's OK, but some people are just like, ooh drink, let's drink.

J Some people are every weekend, Friday, Saturday night and then they're dead on Sunday. They have to come in on school on Monday.

K What's her name V? She was like really, really ill wasn't she? Her Mum was like having to look after her and she was being sick all weekend. It ruins your life though as well, cos you'll just get used to it and in the future you'll just be like every weekend, you'll be used to going out and drinking.

J You start depending on it.

K Depending on it.

J Cos it makes you feel better at the end of a hard week and things.

K That's if you get a job, cos you probably won't get a job cos they'll be drinking most of the time when they've finished school.

J My Mum just has, she gets a bottle of wine on a Saturday or Sunday and it'll last her til almost the end of the week, she just has a small glass after work and

K Cos your Mum's got a well hectic lifestyle.

J And my Dad, my Dad works shifts, so he doesn't get much sleep, and he drinks a lot and my Mum hates it. My Mum's always having a go at him. He'd go mad at me for smoking and drinking, but he does it himself.

K But that's because he's seen what it's done to his lifestyle.

J Yes, I know.

M You said you thought that drugs were bad. Which drugs?

K Cannabis.

G Yeh.

K And there's one boy in the year above us that I know's done cocaine before, and he was like, it affected his life quite a bit, which was quite bad.

M How widespread is the cannabis use? As much as smoking do you think?

K No

J Not as much.

H I think it's people who are older than us, I wouldn't say it's affected our age group. I think it's like a bit older than us.

(together) I know there's a few people in our year who do.

K There's like 4 in the year above us.

J There's quite a few in year 11, quite a few of the boys in year 11.

M Would you be able to get hold of them if you wanted them?

K Oh yeh, I could.

J Yeh.

K Not that I'd try to but (laughs)

J I could get it from somewhere.

M Do you think sexual health is a problem at your age?

K Yeh (and other yeh's) cos we're at a catholic school and we don't really get given the opportunity for contraception and things like that cos our religion like, is against it and it's sex before marriage anyway. So I think that's also another point why they're against contraception. Sex is given for the procreation of children and to like make more people, but they say if you're using contraception, artificial contraception, it's stopping that, and it's going against the will of God, but it still happens anyway. Even, however much they try and force, it'll still always happen.

J You should be taught about it maybe occasionally in PSE and things. But doesn't Britain have like the highest teen pregnancy rate in Europe because they don't teach us about it?

M How do you know that?

J I think it's been in papers and things and it's been on the news when they've done like surveys and things.

K We watch the news!

J And we don't get taught about it.

M Not at all?

J No. I had one lesson in primary school but it was nothing about anything like that. It was just health education.

G Yeh, it's like what you do now in science.

J Yeh, it's nothing.

M Do you get anything on sexually transmitted infections?

G + J No, No

H We get a little bit in RE but it's not much.

G We don't.

K Oh no, we don't.

M Have they ever taught you about chlamydia?

G + K no,no

H I think they've told us what it means, but it's like they never go into detail like what you really want and need to know really.

J We kind of pick it up ourselves.

K Yeh

J Rather than be, well learn about it.

K My Mum's told me everything I need to know (laughs).

M That's really good.

G My Mum's basically said don't even think about having sex until you're over 16, or you can just get out, it's like whoa! (General laughing from others)

J Some kids aren't able to talk to their family about that, so won't know what

K Yeh, and they'll just go out and ruin their lives.

J Yeh, they won't know what can happen and things.

K There's a girl in our year and I know that she's what is it? (pause) she moved from

H cos she was bullied, cos she slept with a boy and he'd got chlamydia and so she's got it, but she's in our year. I don't like know if she's still got it now, cos I don't know if you can get rid of it

M You can, really easily with an antibiotic.

K She hasn't got it any more then, but it's quite a big problem at other schools around here, cos not many people like, sleep around here because of (pause) I think it is actually due to what we've been taught at school, about sex and about the health about it and about

J We don't get taught nothing, never ever anything.

K I bet if you went round here there's only about 3 books in this library that'll tell you anything and they're probably not as much as we need to know.

G I've got a friend at T and she's I think 12 or 13 and she's already been pregnant 3 times and she's coming up for her 3rd abortion now, and it's like I'd never even do anything near that, it's just horrible.

M That's a shame for her. Does she not know anything about contraception?

G Yes she does but she just like (pause) I'm a teenager I can do what I want, I don't care about what my parents say to me, and it's like the opposite. Your parents are telling you these things for your own health, you know, they are actually helping you, not against you, which most people don't think.

M Sounds like she needs some support

K That's why it's important for your friends to be there for you even if it's just to talk to they can always give you advice as well.

M It's whether they'd have the correct information.

K Yeh

M This is an aside really, but the school nurse would really be able to help her at T, even if it's only the counselling side of it because after 3 abortions

G I know, it's horrible

K I think some of them feel, cos I know, not from my experience, but from friends experiences, talking to people like the school nurse or nurses, they do say, yeh it's confidential but if they're under 16 and they've slept with someone, then they're

always worried that the nurse will still turn round and go and either tell the parents or the head of year, even if it's just cos they're concerned that they think, if they wanted to tell the parents I think they'd want to do it in their own time and then speak to them I think that's why some of them get upset.

M Absolutely, but it is confidential, we would never tell parents, teachers, anybody.

K Yeh

J Some people aren't as trusting as others because of past experiences and things.

K My Mum says that about me because my Dad left me when I was 10 which (pause) we watched a programme the other night about saying, when you're 10 you learn so much from the things that are going on around you and about how people treated you, sometimes you think that's how you should treat other people, but because I lost my own when I was 10, he moved away from me. I don't (pause) my brother still talks to him and goes to his house but I won't speak to him now, and I think, how I am towards my Dad and that, how I act towards him and my relationship with him is due to the time when he left me. I was starting puberty and that and it was like dead stressful at school anyway, with exams. I think that's a key point in why my relationship with my Dad is like it is, cos my brother's 2 years younger than me, so he didn't really know what was going on and that's why he still gets on with him and I do have quite a big problem with my Dad. That's also another issue, not a health issue, but it is a health issue because it is to do with your brain and how you're feel and mental health and emotions, cos it's not just in school it's out of school and you have quite a few problems like with counselling and stuff. I went for counselling in year 6 and throughout year 7 and 8 as well cos I was like, not depressive, but I was like quite

K and J (together) messed up

K Yeh I was, wasn't I?

J Yeh

M Well that's understandable. I don't think people realise that when a parent leaves the home, even if they're still alive, it's almost like a bereavement really, because you've lost that close family unit.

K Yeh about a month ago I was having quite a few arguments with my Mum, about one thing or another and (pause) she just like, I think you're like this because you don't think that people love you and stuff that's why I want people to love me or something, I was like that's nothing to do with it, but when you think about some of the things she was saying, it does make sense, cos it does feel like I've lost my Dad, and she's like 'he still loves you' and I went 'no, he doesn't' and he's never ever told me that he's loved me since he's left my house, all he does is just either kiss me on the head or on the cheek when he drops me off and he does favour my brother over me and it's just, we just need to talk to someone so they can make us see sense of what's happened in the past and how we can change things for in the future, to make us feel better about ourselves.

M So you think that mental health, as an issue is important amongst your age?

H Yeh

G I think emotions are definitely a big problem, because I know that a lot of boys don't wanna say what they think about anything.

K Like H, he's being dead quiet –he talks a lot.

H Yeh, but you're around. (General laughing)

G I've got some mates and they're all boys and they don't like talking to any girls about how they feel apart from me, because some girls are just like all over boys and I'm just like, yeh, sure, and they tell me stuff that they wouldn't tell their parents because they're too afraid of what their parents would think of them, it's kinda like (pause)

M Do you think they tell you stuff that they wouldn't tell their friends, G, as well?

G Yeh, they don't tell anyone because they're just really embarrassed.

M I mean other boys?

G Oh, the other boys. Probably, because I know that a lot of boys don't like sharing how they feel, even if it's just like feelings about a girl, they won't even say.

M What do you think about that H?

H I think it's different cos there's some things you can tell boys and there's some things you can like only tell girls?

M You wouldn't be able to tell me what then?

H I'm not sure, it's just certain things which you can't tell boys which you can tell girls.

M Say, hypothetically that you fancied a girl, would you be able to tell a mate that?

H Yeh, I think you would.

M Or if you worried about something personal, like body odour, would you discuss that with a mate?

H Yeh, I think if you did have that then you'd only discuss it with a boy rather than a girl that's a friend.

M You would ONLY discuss it with a boy?

H Yeh

K I think that that's different because, of not how they are, but H calls loads of my boy friends chavs, cos he's not a chav

H No, that is the, that is the ginger guy so

K Well, no I'm just saying, is it hypothetically or something like that? Some boys, it's how they react, how they are with their mates. If their mates are like big people around the school or around the estate that they live on, then they don't want to tell them things about body odour or stuff like that cos they'd rather talk to a either a parent or a girl mate cos if it's a boy that they, like they've got close friendships and this is just groups of mates not close friendships, like I know H has got close friendships or boy friends of his and that the boys

H There is girls in the group as well.

K Yeh, I know, but with those boys that you're friends with, you can like relate different things to them and talk to them properly.

H Yeh

K Cos they're like sensible boys, and some of the chav boys, or boys that hang round with each other, they're not, they'll just like laugh, or take the mick out of each other, it's how they're (pause), not how they're brought up, but how they react to people of the same sex or different sex as each other, they can talk to you more about it. Cos I know that my chav boy mates will talk to me about loads of different things, like, not about body odour, but about girls that they like and girls that they don't like, and if they fall out with their mate, they can always come and talk to me and stuff.

M Good. So if you were to pick 2 that you thought were the most important health concerns in your age what would they be?

K Smoking and sexual health.

J Smoking and obesity.

H Mental health and alcohol and drugs.

G Smoking and alcohol and drugs.

K I'd put mental health as my third.

M The next question was what are the particular health concerns amongst your age group, but I think we've identified the main ones, the smoking especially, the alcohol, not so much the drugs but it is becoming so, sexual health and mental health. You also mentioned obesity but you also feel we focus on that too much as an issue.

K One of the teachers at school are always like putting, not putting posters up, but something about bullying. They're always putting posters up, but they never do anything about it, all they do is just make you aware of it and say, oh just speak to a teacher, or speak to a friend, or phone this number. That's not doing anything right, it's just telling you things you can do and some people like can't really be bothered to

do it. If you had like a class like in PSE that we could actually talk, I know you've been in assembly and talked to us about it, but some people won't (pause) they'll just go right, she's there, but I won't do anything about it.

G I actually think bullying is quite a big thing for us, cos my little cousin, he came to the school for 2 years and he got bullied and he's eventually had to move to F now because it got really bad for him. And me, did get quite bullied through primary, even though like nobody knew about it. I told the teacher once, and she went and told the person, and the person came to me and basically knocked (pause) you know, out of me. And I've been like, anyone bullies anyone that I see around them, like if I see somebody getting bullied, I just turn round and punch that bully, because I think it's really unfair. Like the other day, this year 9, he was pushing, you know SM?

K Yeh

G Down the stairs, and I was next to S, so I turned round and just walloped this boy and

K (jokingly) She is the bully really! (general laughter)

G I was like, you can't go round bullying people just cos you think you're hard, cos that's just not being hard, because that's doing nothing to help anyone else, you're just doing it for like how you think it's good, but it's not.

K They say people that bully other people, it's because of the lifestyle they had when they were younger and not cos they, well yeh, probably because they've been bullied in primary school or the beginning of high school. People change, everyone changes every week, I know I was different last week to what I am this week, everyone's changing, at this age group especially, but I know I was bullied quite a bit through primary school and years 7, 8 and 9. Last year I got cornered at the power station, cigarettes thrown at me, the police got involved, I got phone calls left on my phone threatening to be killed and 2 people got arrested.

J It's all sorted.

K It's all sorted now really yeh, but I think it's because people seen that I can actually go to someone and tell them what's happening, and then it stopped them cos they're gonna think 'oh K might phone and tell the police so let's just leave it'.

J Like G was saying, at primary school they never really did anything, they went, if you told them you were being bullied, they just went up to the person and said stop it.

G Yeh

J Which makes it worse.

G Yeh, that's why if anyone got bullied here I'd tell them not to tell the teacher, that'd be the ultimate thing not to do because it's the scariest moment.

J Here, I think you can, because they sort it out a bit more.

K Mr M will.

G Mr M sorts it out, yeh.

J In primary school, you went to a teacher and they just go up to the person and go stop it, and that makes it so much worse.

K That makes the bully think, why did she go and snitch?

J Snitch.

K And they go and do it again. You tell the teacher and they still do it again, and you've snitched again. Whereas I know people've said that to me whilst I've been here, but the best thing is just tell the teacher and it will get sorted, and if they come up to you and say why have you snitched just go ' everything you say to me I've still go to back to Mr M or Mr H or Mr W, our head of key stage, and you've got to tell them everything, because that's what they've said to you. You've got to tell them if anything happens again, if one word's said to you you've got to go and tell them, cos at the end of the day, it'll get sorted if it's bad but what (pause) for 2 weeks if you still keep going every time to tell Mr W or Mr M it will get sorted cos eventually they'll get fed up of doing it cos they're not getting anything out of it. It's like, you can hit me all you want, I'm not going to hit you back, I'm not going to carry on arguing with you or saying anything back, cos at the end of the day I'm not going to get into trouble for something that you're doing cos you're the stupid one out of us.

M So maybe, although mental health has been identified as a problem, bullying as a single issue is a really big problem?

General assent

J Bullying can drive, it can really affect people mentally and can make people kill themselves, because it gets that bad that they feel there's no way out, and no one can help them, and some people just get so depressed.

K We lost a girl that would have been in the year above us and I'm not saying why she left, but I know some people, some people (pause) well why she died, yeh that's what I meant, why she did it, because she did kill herself and everyone knows why. Some people know why she did what she did. There was lots of rumours going round about why she did what she did, and it affected girls in her year and our year. Some of us were mates with her and we lost a mate and we didn't really have anyone to talk to, cos we just had Mrs J her head of year and she'd like sit down with you cos she, I know Mrs. J was close to W.

J That was about it wasn't it really, no other teachers.

K No other teachers.

J There was no, it was just, oh yeh there was a service and things but there was no one really offering any help for anyone if they were really upset.

M The school nurse did help didn't she, the one that was here then?

K Not with us, only with her, like W's 3 closest mates.

J You probably could have done, but it probably wouldn't have

K And even if we were mates with her.

J We weren't told we could go somewhere, cos even knowing about it affects people.

K If say, you weren't that close friends with W, were you?

J No, but I think the big thing for me was when all the girls were writing all the sad messages on the toilet wall and they painted it over, I thought that was really unfair.

G I started crying on that one, I thought it was really mean.

K See, it affected people that didn't even know her cos it's another girl that you go to school with, and you're like, what could have affected or upset this girl so much? We need to try and sort this out, even just as a single person, everyone thinks we've got to try and sort this out, so it doesn't happen to one of our close mates or someone close to us as well.

G People wrote all these messages to her, they were really nice.

J These really lovely messages and the school went and painted them over, which I think was really disrespectful, cos you at least had one place where people could write things.

M Did they not have a book in which you could write things?

K Yeh, but only her close friends. There was 2 boys that wrote in it and about 20 girls but

J It was just her really close friends, I mean no one else had any chance to say anything, cos they called it graffiti.

K I think that there should be ??? and then everyone could write in it.

J It's a form of graffiti yeh, writing on school but there should be a wall, say in her old form room where people could post messages and write them.

K I know there is a wall but all it's got is W.

J And her picture.

K And nothing else. It had 2 of her blue slips on sorry, which is like bad things cos she was a bit naughty, but that's it. Everyone missed her. Me, you and R were at my house and we were just like, we couldn't believe that she'd actually died cos we knew that she was ill in hospital, but when we found out that she'd died everyone was just like crying. It was dead bad, even if it it's just, it's another girl that's in, nearly the same age, you just think that could happen to, I could lose J. Cos I know W didn't say anything to anyone.

J It just hits you. You don't think it can actually happen until you see it or someone that you know, something happens to them.

K I think there should be, cos I know at F, they had that boy, I think he had leukaemia or something like that, they've got a plaque on the wall, like saying his name and stuff at least. We've got nothing here, we should like have a wall where everyone can write to her, cos that's what all of her mates are like. Not, I'm not saying it in a bad way, but they're all like, they will write on the walls or something, but the best thing, we should have something like that for her, cos then everyone can remember her. Cos I know she would be leaving now, but she was quite a big character in school, everyone knew who W was.

M One of the things I was going to ask you, which I think we're moving onto, is what could be done in school to improve your health? So, you're saying that when there's a really sad event like that, it could be somebody dying or it could be someone being really ill with cancer or something

K Or a car crash.

M You would like the opportunity to have some sort of counselling offered and to be able to maybe write in a book or somewhere about your feelings?

J That can be kept somewhere, so if people are feeling like upset and things, say it was like their best friend they can go through and see and read the comments that people have said.

K You know when you said I think counselling should be offered to them, I don't think it should be offered to them. I think some people, if teachers can see it's upset them, they should just be told that they (pause), given an appointment and then they can decide.

J Yeh

K Whether or not they want to go, cos then they're given it first hand to go and see the nurse or a counsellor.

J Yeh, they might be a bit anxious about going at first.

K But at the end of the day I know that they'll still go to it.

M So that would obviously help mental health. What else could be done in school to help your health?

J You're given lessons on sexual health and what the problems are and what the results are of smoking and drugs and things cos some people just don't know.

M You get a little bit on smoking, don't you?

G Yeh, we do.

J A little bit.

M In PHSE? But you don't feel it's enough J?

J No

G We didn't get it in PSE we got it in science. So we had like the 2 lessons on drugs and smoking and that was it.

J And I wasn't even in for those lessons when I did it!

M Anything else we could do in school then that would improve your health?

G More PE lessons.

K Oh no!

G No, we get 3 hours a fortnight and it's not very loads, cos I enjoy PE.

J There are chances for like things after school, quite a lot of sports things that you can do after school.

G Yeh, but the problem with that is your coursework is heavier and you've got to get home and sort that out and then you've got like other stuff to do. Cos I've got to look after my Mum, cos she's ill in bed, so I've got to like do my coursework, make everyone's tea, look after Mum, so I haven't got time to go after school as well.

J Yeh

M Anything you could do individually to help your health do you think?

G Eat ??? food (laughs)

M Eat healthier, yes

K Everyone, always says that. I know I say that to myself at least 3 times a week. And I go, right I'll eat properly tomorrow now, cos I've just eaten another biscuit, I can't leave that, but then I'll still go the next night. Cos I do eat my meals properly, but then I'll end up snacking, either after my tea or in-between my lunch and my tea.

J Same, I eat quite healthy meals, but we do eat crisps and biscuits and drink fizzy drinks in-between it.

G Oh no, I don't. I hate coke and fizzy drinks. I just drink water a lot and I don't snack in-between meals, and I normally eat pasta but I'm still overweight, so it's like

S I eat a lot of pasta!

M Can I just ask you what you think a school nurse does?

K No offence, but just sits in the room and waits for people to come and see you and no one like comes.

K I don't think many people will go and see you.

G You're there for support.

J You're there for support like with drop-ins and things.

M Do you think it's just run like a drop in?

K I don't mean like a drop in, because I know that I've been to see the school counsellor before, because of my Dad again, but it's (pause) I don't see that you're being used as much as people can actually use you, cos now, from coming here today as well, we can see that we can all come and talk to you if we ever needed to, but I don't people can see the effect, that they can come and see you.

J I don't think people know what they can come and see you for. I think they just think it's the general health, being ill, I think that's what some people see it as.

G I always thought it was. It was only like this year where I realised that I could go and see you for like emotional support, but we didn't have any of that in year 9.

J We had nothing, and going to all these exams some people do really struggle and find it hard, and there was nothing.

K Nothing for us.

J There was no help.

M Are there any other things you think school nurses do?

K They try and raise awareness of things like this on this board (pointing to board with Choosing Health priorities on it)

J Yeh

M But have you ever seen that happen before?

K No, at the end of the day, we were just told there was a school nurse in school that came in on a Wednesday, but we never saw them, we never saw the nurse.

J Yeh, they used to come in, but the only time we'd ever see them was to do injections, that was the only time we used to see them and that's all, that's all we used to see them for.

G That's a scary thought, I don't like needles.

M One of the main reasons I'm running these groups is that I want to improve the service for you. So, if I had a magic wand and could offer you anything, what services would you want me to offer?

K You know what you've done with us 4 today, not with recording it or asking us different questions, but things like this, because we can all like talk to you now and we know we can come with

J You could do this round all the PSE classes and do it with all the classes cos it'd raise

G Oh no

J No, it'd be good.

G It'd cause chaos.

J It would, but it would raise awareness, and people might understand things and know what could happen, and know how to help, and then they'll know what they can come to you for and things.

M So you think I could raise awareness of health generally?

J Umm

M And I think what you were perhaps saying, tell me if I'm wrong, but now that you know me you might be more inclined to come and talk to me

(general yes)

K I know I probably would, I don't know about the others.

J Yeh, cos some people if they don't know them won't open up to them at all.

G I think some people are embarrassed as well, like I find it hard to talk to people that I know about my emotions, but like people that I've only said hi to in the corridor, I could openly tell them about it. I'm weird (laughs)

M Is there anything else you think I could do then?

K I don't mean it in a good or a bad way, but we should be able to come and talk to you about sexual health as well, and if we're planning on sleeping with our boyfriend or a boy with his girlfriend, we should be able to get contraception off you as well, instead of having to go to, what's it called?

J Family planning

M Well people do come and talk to me about sexual health but I think I'd have a real problem giving out contraception

K and J Cos it's a catholic school.

K That's the trouble.

J But you could get information where to go from you and things.

M I can discuss all the options, but I can't actually give them anything.

K But you can like tell them where to go though.

M I can even make appointments actually.

K Oh yes! (general laughter) that sounded really bad, I didn't mean that in that way then.

Questionnaire

J Question 5, it's a bit strange for me, well nothing to do with it, but I do athletics and I've been told that I need to loose half a stone.

M Half a stone, you don't need to lose weight!

J That's what my coach told me

M But there's nothing of you!

J I know, but my coach told me to.

K Right, this is the school nurse, it's because she's got a bigger bum than me, that's why.

J OHH, I do not! I'm not going to, cos it will make me ill!

M It will, that's ridiculous. Just turn it to muscle!

M Do you think the other students will do the questionnaire?

J If they're told to do it in form time and it's collected in at the end by the form tutor and we have to do it, then yeh.

K But the boys in our form, it is quite long, and the boys in our form will get bored.

J They will do it if they have to.

K If Mr. W stands there and watches them they will.

M Trouble is, I can't make them do it, because it's got to be voluntary.

J If they're given in form time, cos we've had to do some questionnaires before, if they're given in form time, and they've not said oh come and get one, if the teacher hands them out and then collects them in at the end then

M I was going to give them out in a PHSE lesson and as an incentive I would offer a £40 high street voucher. Do you think that's more likely to

K But I think if our forms do it, we should be able to do it again, because of this it's raising our awareness as well I think, so our views on these things might have changed by then.

M Do you think the voucher is more likely to make them do it or not?

G I'm not sure, because a lot of my friends took the letters home and never gave them back in, even with a voucher there. But I only came because I thought well it would be good to express my views.

M I knew there would be problems with the letters but this is people deciding there and then, on the day, oh I might win £40 by doing what is going to take less than 10 minutes probably, but no you still don't think they will?

General dissent

G I'm not sure.

M This is part of my Masters degree and I wanted to do something that was useful for my job and useful for you, I am planning to change things based on what comes back from this.

K You're a better school nurse than we've had before and you're doing a good job.

M thankyou

General discussion on getting a lot of headaches

L preferred a 'tigger' card therefore swopped with one of the girls

APPENDIX E

HEALTH QUESTIONNAIRE

Do NOT put your name on the paper
For each question please tick ONE box except where told otherwise

1. **Are you a boy or a girl?**
   - ☐ Boy
   - ☐ Girl

2. **What school year are you in?**
   ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11

3. **Would you say your health is**
   - ☐ Excellent
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

4. **Do you think your body is**
   - ☐ Much too thin
   - ☐ A bit too thin
   - ☐ About the right size
   - ☐ A bit too fat
   - ☐ Much too fat

5. **At present are you on a diet or doing something else to loose weight?**
   - ☐ No my weight is fine
   - ☐ No, but I should lose some weight
   - ☐ No, because I need to put on weight
   - ☐ Yes

6. **Do you try to eat a 'healthy diet'?**
   - ☐ Yes, most of the time
   - ☐ Yes, sometimes
   - ☐ Only occasionally
   - ☐ No, I eat whatever I like
   - ☐ I'm not sure what a healthy diet is.

7. **Do you think the school nurse should help young people to eat healthily? (Please tick ALL those that apply)**
   - ☐ Yes, by providing individual advice.
   - ☐ Yes, by giving information and education during school lessons.
   - ☐ Yes, by running healthy food clubs
   - ☐ Yes, by running support groups e.g. for those with weight problems
   - ☐ Yes, by working with the catering staff to provide healthy food in school
   - ☐ Yes, by..... **(Give your own idea)**

   .....

   .....

   - ☐ No, I do not see this as a role for the school nurse

8. **How often do you usually exercise in your free time so much that you get out of breath or sweat?**
   - ☐ Every day
   - ☐ More than once a week
   - ☐ Once a week
   - ☐ Less than once a week
   - ☐ Never

9. **Do you think the school nurse should help young people to exercise? (Please tick all those that apply)**
   - ☐ Yes, by working with school and other staff to increase opportunities for exercise
   - ☐ No, I do not see this as the role of the school nurse

10. **Have you ever been worried about possible effects on your health after engaging in risk taking behaviours (e.g. smoking, getting drunk, unprotected sex, taking drugs)?**
   - ☐ I have never been involved in risk taking behaviour
   - ☐ No, I don't think risk-taking behaviours will affect my health
   - ☐ Yes

11. **Have you ever tried to give up smoking?**
   - ☐ I have never smoked
   - ☐ Yes, I have tried and no longer smoke
   - ☐ Yes, I have tried but still smoke
   - ☐ I don't wish to give up smoking

12. **Have you ever had so much alcohol that you were really drunk?**
   - ☐ No, never
   - ☐ Yes, once
   - ☐ Yes, 2-3 times
   - ☐ Yes, 4-10 times
   - ☐ Yes, more than 10 times

13. **Do you think the school nurse should provide information and support about risk taking behaviours?**
(Please tick ALL those that apply)
   - ☐ Yes, by providing individual advice and support e.g. individual help to give up smoking.
   - ☐ Yes, by providing information and education during PSHE lessons
   - ☐ Yes, by running specific support groups e.g. stop smoking groups
   - ☐ Yes, by..... **(Give your own idea)**

   .....

   .....

   .....

   - ☐ No, I do not see this as the role of the school nurse.

14. How often have you been bullied at school in the past couple of months?

- ☐ I haven't been bullied at school in the past couple of months
- ☐ It has only happened once or twice
- ☐ 2 or 3 times a month
- ☐ About once a week
- ☐ Several times a week

15. Here is a picture of a ladder. The top of the ladder '10' is the best possible life for you and the bottom '0' is the worst possible life for you. Tick the box that best describes how you feel about life at the moment.

Best possible life

10
9
8
7
6
5
4
3
2
1
0

Worst possible life

16. Do you think the school nurse should provide support about coping with stressful events such as bullying, exam stress, relationship problems, a sad event etc?

(Please tick ALL those that apply)

- ☐ Yes, by providing individual counselling and support
- ☐ Yes, through involvement in lessons
- ☐ Yes, by running specific support groups
- ☐ Yes, by ..... **(Give your own idea)**

.....

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.....

- ☐ No, I do not see this as the role of the school nurse.

17. In the last 6 months: how often have you had the following....?
Please tick one box for each line

	About every day	More than once a week	About every week	About every month	Hardly ever or never
Headache					
Stomach-ache					
Feeling low					
Irritable or bad temper					
Feeling nervous					

18. Do you have a medical condition?
☐ Yes I have a medical condition.
Please circle the medical condition(s) that you have from the list below

Asthma eczema epilepsy diabetes migraines acne

Hayfever (requiring medication) Allergies (requiring medication e.g. epipen)

Other (please give details)

.....

.....

.....

☐ No, I do not have a medical condition.

19. If you answered yes to question 18, do you think the school nurse should offer you individual support in managing your medical condition?
☐ I do not need any support with my medical condition at present, but would like the support from the school nurse if necessary.
☐ Yes, I would like support from the school nurse to help manage my medical condition.
☐ No, I do not see this as the role of the school nurse.

20. Do you have any other suggestions about how you think the school nurse could help to meet your health needs either in or outside school? E.g. providing drop-ins, support groups, health clubs, courses on babysitting etc.

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Thank you very much for completing this questionnaire!